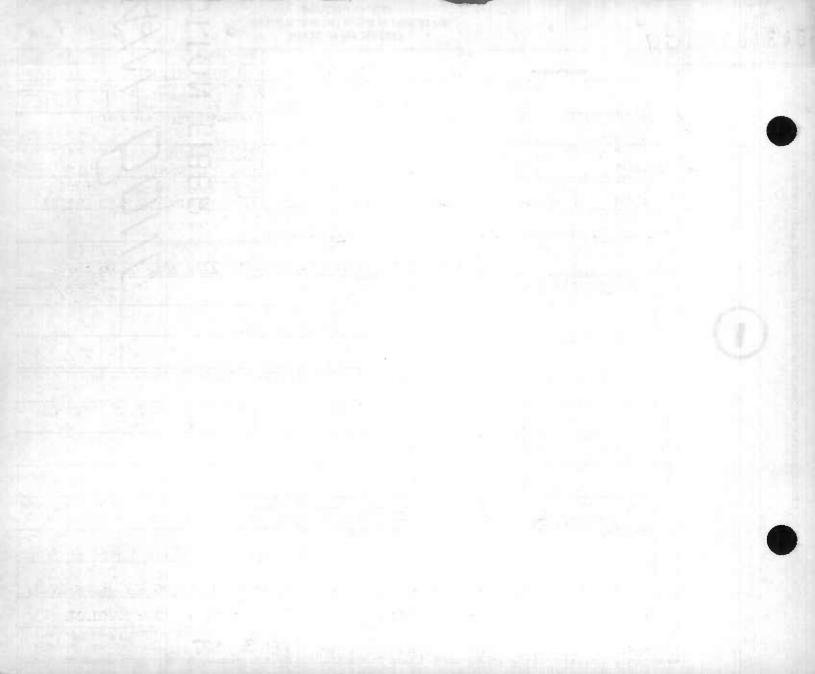
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH CTYPE OR PRINTE OF ESTI-RAYMOND HERBERT DEATH MATED 198 & AGE (IN YEARS | IF UNDER) YR 4 RACE 5 DATE OF BIRTH 2d. HOUR IF UNDER 24 HRS DATE 25 PRONOUNCED NHITE: DEAD YRS 19 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED M DIVORCED 120 USUAL OCCUPATION STYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY 1955T. SEC NATE LUMSOF USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS FLLICOTT CIT VITAL MIDDLE MIDDLE FIRST JACEB 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) -7293 ELLICOTT CITY MID CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE VIERVAN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. A B B PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF H YES NON 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT MALE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: 17
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: 9.
AETER DEATH, WITH THE ST.
BALTMORE, MARYLAND, 2. Inspection 2 220. I certify that I taak charge of the remains described above, held on Autopsy and in my apinian death resulted from: Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIF DATE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE mi WESTVIEW MEM. PK. CREMATION BP 24 FUNERAL DIRECTOR 250. DATE REC'D. **DHMH - 17** (VR A15 ME (5)) ELLICOIT CITY, MID 20M 4/B2



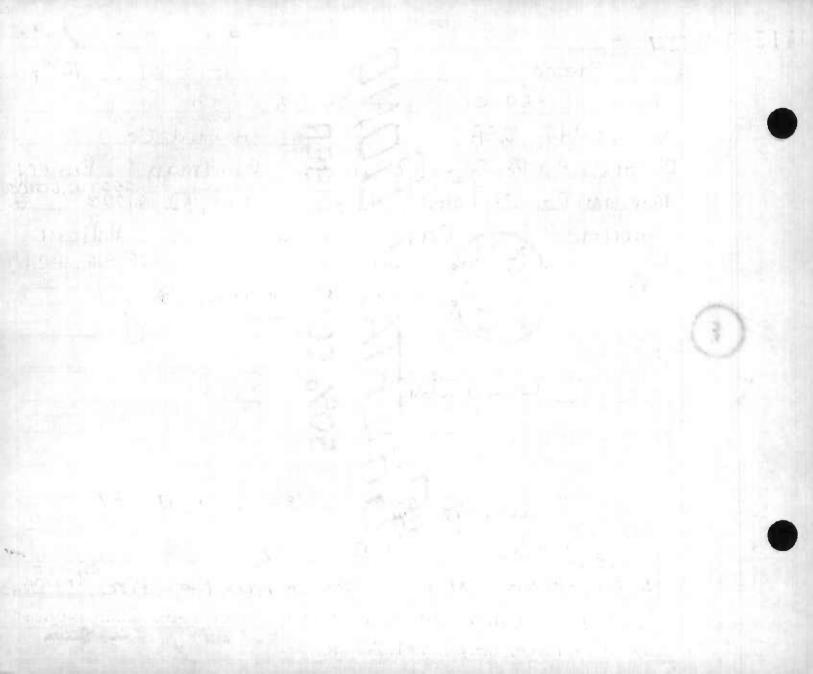
STATE OF MARYLAND

Item # 1, Film G 624, 2/9/87



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH # TEGISTRAR 20. DATE OF DEATH DECEASED NAME MONTH 2b HOUR TYPE OR PRINT 1735 opis teven 4 RACE 3.56K 5 DATE OF BIRTH Male cauc TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY MIDDLE ADDRESS IN U.S ARMED FORCES? 166 SOCIAL SECURITY NO (YES) NO OR UNKNOWN) Leanora T. Cobis II CAUSE OF DEATH (Enter only one coose partner to), (b), and (c) FART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO: OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED FOR THE BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 196 CONDITION FOR WHICH LIFE ATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the declased fram 9-10 saw the deceased alive on_ ond that in (my) (aur) apinion death occurred on the dote and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ELLICOTT BARAHONA 230 BURIAL CREMATION REMOVAL 236 DATE 230 NAME OF CEMETERY OR CREMATORY (SPECIFY) Brooklyn Park 1/21/87 Cedar Hill Cemetery Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VRA 15, 4)

STATE OF MARYLAND



FOR - STATE

DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	0	2	PUNDER I YEAR IF UNDER THE PUNDER I YEAR IF UNDER THE PUNDER THE P	1	
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PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Regions G- DWIN MO

23c. NAME OF CEMETERY OR CREMATORY

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24 FUNERAL DIRECTION Family Funeral HOme Ellicott City (VRA 15, 4)

23b. DATE

January

230. BURIAL, CREMATION, REMOVAL

(SPECIF Cremation

23d LOCATION CITY OR TOWN Westview Meorial Pk Catonsville Balto.

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(VRA 15, 4)

STATE OF MARYLAND

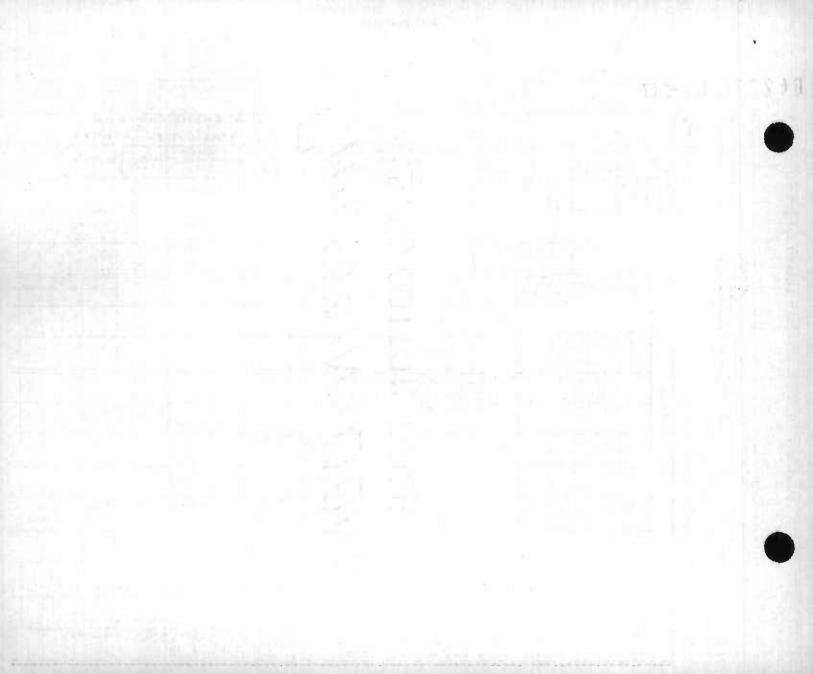
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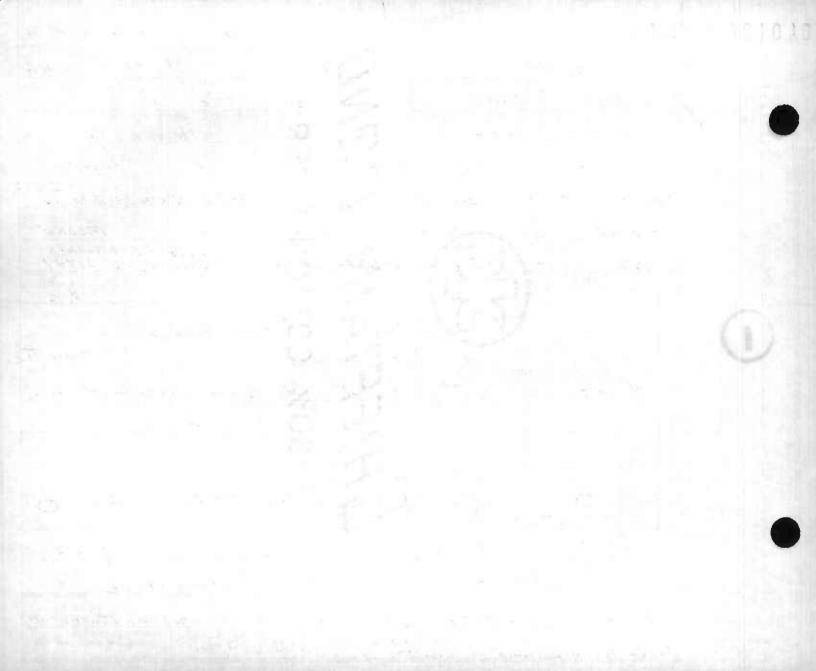
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) oge 3 death William 2:05 P.M Robert Daniels, Sr. January 23, 1987 4 RACE 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS NOV. Male White 1917 To. BIRTAPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S. Howard County WIDOWED DIVORCED [IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Horseshoe Dr. Ellicott City QF WORK FOR MOST OF WORKING LIFE INDUSTRY Dilburner Mechanic Ellicott City BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE Howard Elficott City 13d INSIDE CITY LIMITS? 8414 Horseshoe Dr. Md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE T.eo Daniels Margaret Weinrich 8414 Horseshoe Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Catherine Daniels Yes 215-07-9908 Ellicott City 21043 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY my& Cardia IMMEDIATE CAUSE AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSPOUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 10 21d. INJURY OCCURRED 21e PLACE OF INJURY III LOCATION ä (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE STATE AT WORK AT WORK 220.1 certify that (I) (this haspital) attended the deceased fram saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED \pm MEDICAL ATTENDING STAFF should be deta with the State [MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) LOUNTY STATE 1/26/87 Burial BP. Druid Ridge Balto Balto 24 FUNERAL DIRECTOR HARRY H. WITZKE Spre 112 Columbia Rd 150 DATE RECD. BY REGISTRAR 250 REG DHMH - 16 60M 7/73 (VR A 15 (4)) FAMILY FUNERAL HOME INC. Ellicott City Md. 21043

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STATE OF MARYLAND





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SHELTIC: St. of Md. Grand Howard Country City a 8562 Young Country Hid, Art. D Ellicott City, Md. 21061 Storice Trans (642 Tornte & Country Blyd. Astr. Jen. 27, 1987 Annyin Chanel L. Licaria ... AND B. MITTERS IASTE PURPLE. HELD, INC.

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STATE OF MARYLAND

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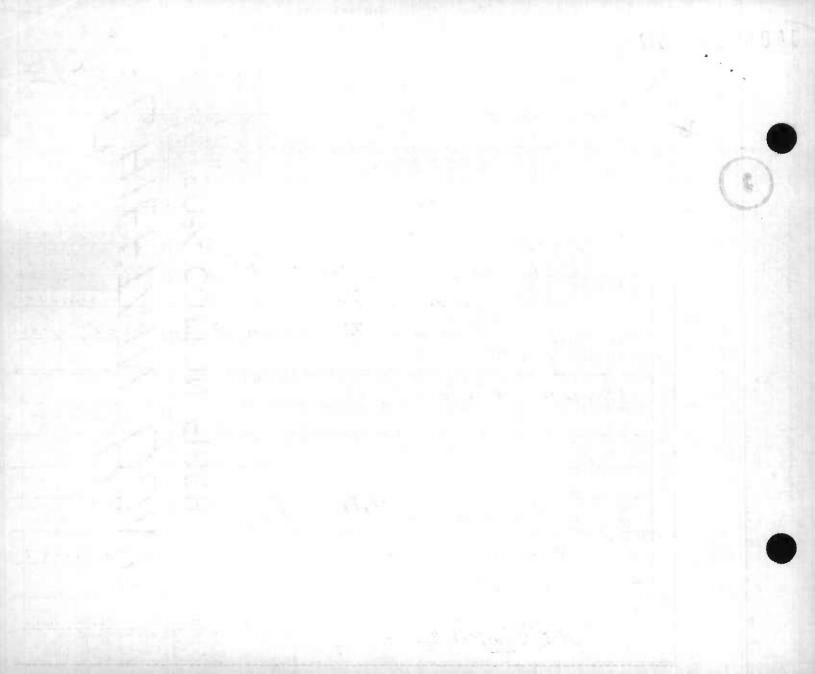
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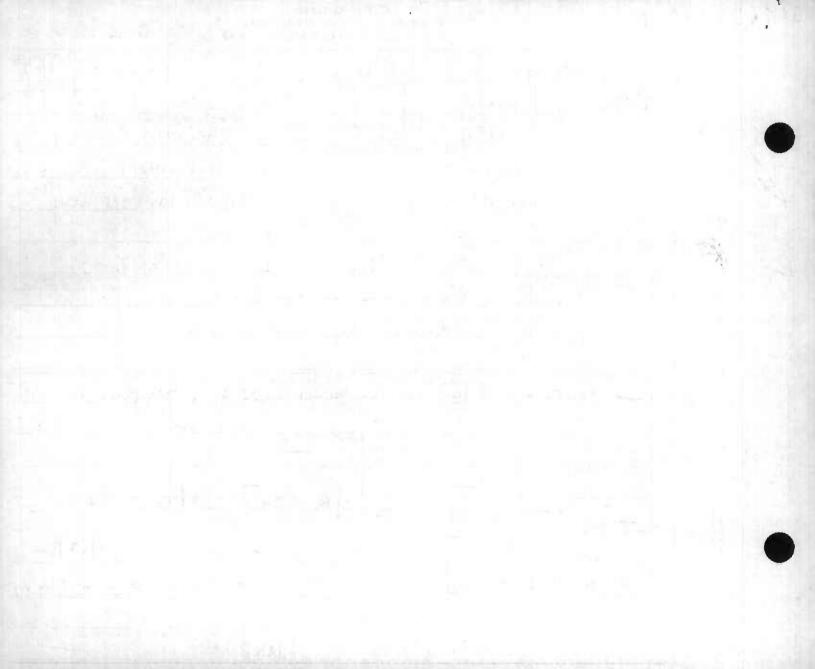
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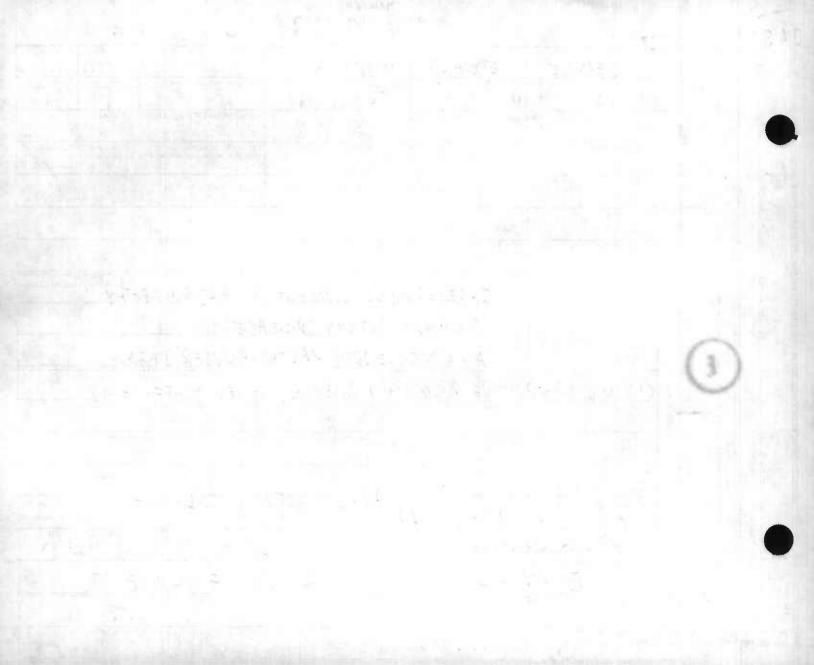
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11 81		dumbia	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE HOWARD COL	JURSING HOME OR OTHER INSTITUTION ESTREET ADDRESS) LITTY General Hospital	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CADINET MOKE	126 KIND OF BUSINESS OR INDUSTRY Manufacturing
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o execut		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIA	17 INFORMANT 19-9184 Margarete Flo	ADDRESS Colum ohr Apt 318 7080	mbia, Md. 21045
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hat the a by the a ase rema f. cremat ather tra		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		
equires t in signed Then ple r to burio injury, or	NOI	PART 2 OTHER SIGNIFICANT	conditions contribution	GTO DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART 110.
he low r an. hos bee	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	vhich operation was performed	INCER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
NG PHYSICIAN: IT ottending physicial that this certificate as the buriol-transit in and Magnal Hygi arked or tem 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	MIN .	H DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
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5 % 5 % ¥ ₹	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	234 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 16 60M 7/B4	24 F	INERAL DIRECTOR 5555 TW	in Knolls Rd. Co.	lumbia, Md. 21045 250 DAT	E REC'D. BY REGISTRAR 25h REGI	STRAR'S SIGNATURE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH THE OR PRINT Frances 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE MARRIED NEVER MARRIED DIVORCED | 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR WORK FOR MOSP OF WORKING LIFE) INDUSTRY plumbia Housewise Y OR TOWN FATHER'S NAME HE WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INEORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR WINNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: 30 MIN IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F NO I 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 1-4-87 22a.1 certify that (1) (this haspital) attended the deceased from 87, and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated 1saw the deceased alive an obove, (I) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED 1-9-87 ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 23b. DATE 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Jessup, Howard, MD Burial Asbury Cemetery Washington Step PATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Rockville, MD 20850 George R. Snowden (VRA 15, 4)

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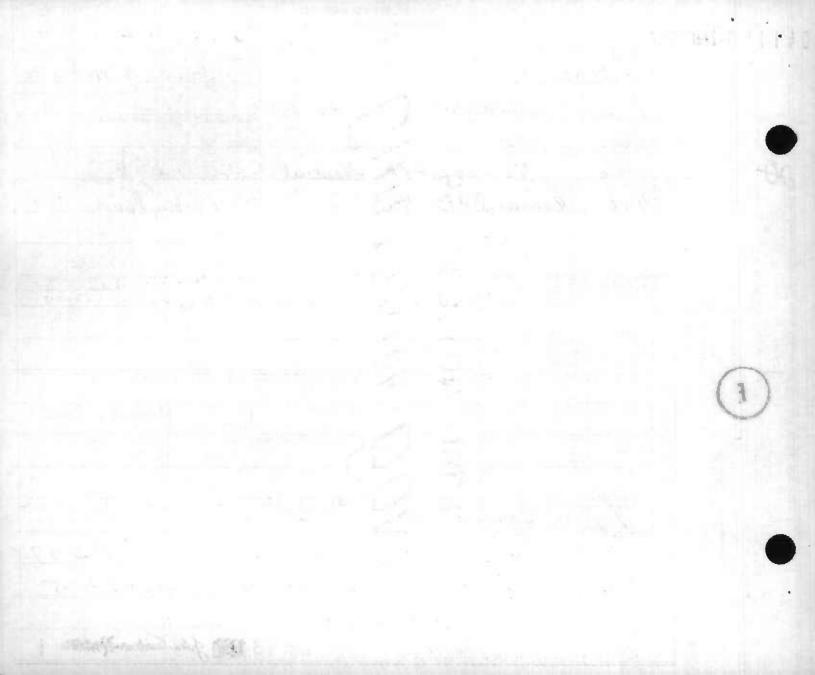
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735 Edmondson Ave.; Catonsville, Md. 2122

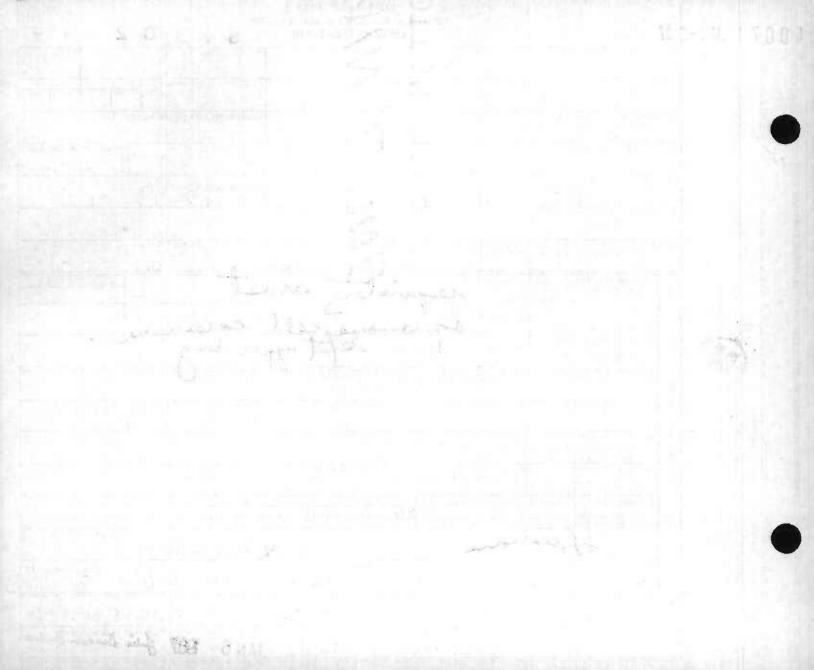
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-	32 87		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
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201	12/	1	olumbia	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION ET ADDRESS) THE MANGE OF THE PROPERTY OF THE	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF		BUSINESS OR
DIO:	12 201	LISU.	AL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEF		13e STREET ADDRESS		
AND 24	までも		md 1/2	away Ellien	#City YES NO []	3714 Vcel	len Road	21043
The state of	1: 12	140FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST	
M bed	11/42	-	ohn T	Barnes		izabeth Ic	phns	
DRE.	P# 9/		VAS DECEASED EVER IN U.S	S. ARMED FORCES? 16b SOCIAL SE ES, GIVE WAR OR DATES)	CURITY NO. 17 INFORMANT	ADDRE		
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BAL N	the state of		18 CAUSE OF DEATH (Ent	ter only one cause per line for (a), (b), AUSED BY:	ond (c).)	Skeven	Spring MOBOXIM	ATE INTERVAL USET AND DEATH
# 4	1111			EDIATE CAUSE (6) MELLIN	in & breet Mitnet	tro f- lung	and Com 14	nes
N S	ortho or		State Land	DUE TO, OR AS A CONSEC	DIENGE OF	,		
BSTC deor	1191		Conditions, if ony, which	ch ((b)				
W 2	4111		gove rise to immediate couse (a), stating the	te) DUE TO, OR AS A CONSEC	DIENCE OF		- U-9	
* 5	1000		underlying cause las				1 - 3	
8 6	1	-	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	
1 B B	建建立。	ő						
5	1110	13	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
7 25	2416/	E.			Dec.	YES NO	YES [NO [
A NA	1848	CER	210. ACCIDENT WAS UNDERLYIN		DAY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
S P	19814	3	OR CONTRIBUTING CAUSE (OF DEATH	19			
0 Sup	143 6/	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211. LOCATION	CITY OR TO	wn COUNTY	STATE
WIS SHE	1 0 4	1 2	WHILE NOT WHILE T] (AT NOME, STREET, PACTOR), OFFIC	3 - 6	1	- 60	
0 60	4 5 5 1			hospital fattended the deceased from	Jec, 31 19 0C	10 Jany	J 19 0 / 11	not (I) (we) last
£4	5 4 5		saw the deceased aliv	ve an JUALL 3 19 19 19 19 19 19 19 19 19 19 19 19 19	and that in (my) (auc) opinian	death occurred an the do	ate and hour and from the co	ouses stated
- 22	WFE 5		171/KIGMATURE	de la composition della compos	DEGREE		22c DATE S	IGNED
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2.5	54134	23a B	BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	23d LOCATION	, , ,	
BP		1 0	irial		7 Ivy Hill Cemetery	Laurel.	COUNTY	STATE
		-	JNERAL DIRECTOR	134/44414 0,110			Md PR REGISTRAR'S SIGNATU	BE.
	- 16 60M 7/B4 /RA 15, 4)	D	maldson Funo	Hal Hamp laurol	Md JAN 1	3 1 July	-Davidson-Payers	-



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	m r	7.33		EASED NAME FIRST		MIDDLE	LA			2a. DATE	OF DEATH		AY YEAR	26 HOUR
y be	deot			JAME		E.		USTON			0		1987	
E	fter o		3. SEX		4. RACE		5. DATE O	BIRTH	YEAR	6. AGE (II	N YEARS LAST BIRT		ONTHS DAYS	
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000	ol dir	25		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN	OF WHAT COUNTR	Y? 8 MARRIED	XNEVER !	MARRIED -		ORE CITY OF		OF DEATH	
To at	ne vind	50		ARYLAND	U.	S. A.	WIDOWE	0 0	NORCED [IARD CO			MD
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RE, 1	od co.	0 /		AS DECEASED EVER IN U.S.			CURITY NO.	17 INFORMA	ANT	= 12	EL1098	UTT CI	ITY M	MARYLAND
OW S	Poges	ae d	()	ES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES	212-03-	-3853A	MARY J	. HOUST	ON B	491 FR			D 21043
ALT	sicio pers.	‡ .		18. CAUSE OF DEATH (Ente	only one couse	per line for (a), (b),								OXIMATE INTERVAL IN ONSET AND DEATH
T., B	phy	vent		PART I. DEATH WAS CAL	JSED BY DIATE CAUSE (0)	104	peral	on	arr	eek				
S Z	ding	or re		9*(F*\C.		OR AS A CONSE	SUENCE OF	2		-0.100				
STC	ove c	non,		Conditions, if ony, which		19-	many	when	cell	~	Rey	wale		
2	1	17		gove rise to immediate couse (a), stating the		OR AS A CONSEC	DUENCE OF	lel	Jul.	0.4	lung	000	1	
*	10			underlying couse last.	(c)	U			7 17					
20	13.30	1 20	0	PART 2. OTHER SIGNIFICAN	NT CONDITIONS	CONTRIBUTING	O DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISE	ASE OR CON	ITION GIVE	N IN PART	110
RDS	1	9 6	CERTIFICATION					300	8/4-7-3					
ECO	0 1	2	ICAI	190 DATE OF OPERATION	19b CO	NDITION FOR WHI	CH OPERATION	WAS PERFO	DRMED	200 AU	ITOPSY?			DINGS USED ES OF DEATH?
AL A	to de	2/	RTIF							YES [1		NO 🗌
T Z	4 11	1	1000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		E OF INJURY A.M. MONTH	DAY YEAR	21c. HOW IN	NJURY OCCUR	RED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2)	1
0	9 10		CAL	(IF EITHER, NOTIFY MEDICAL EXAM	INER)	P.M.	19							
SION	2 44	2 8	MEDICAL	21d. INJURY OCCURRED		CE OF INJURY	CE, FARM, ETC)	211 LOCATI	ON		CITY OR TO	WN	COUNTY	STATE
NIC S	1 4 5	o to	-	AT WORK NOT WHILE		241/14								
2	0 8 8	2 E		22a. I certify that (I) (this he			m		19	to			19	, that (I) (we) lost
	appropriate the state of the st	5 0	12	sow the deceased alive above, (I) (we) (did) (die	nat) view the be	ody after death.			(our) opinion	death occu	rred on the do	ite and hour		he couses stated
8	e he	Dep .		226. SIGNATUHE	nolon			DEGREE	ATTENDING	# MEDICA	AL STAF	F	22c. DA1	TE SIGNED
	T THE	1 t		00	20 1 Sept.	~		27e ADDRES	PHYSICIAN D	DIRECTO	OR PHYSIC			
2	P ST P	ORTA	i Li	22d. PHYSICIAN'S NAME (T	_	hoNa	MA IS				A1 - 41	1 0	ع	City m
2	100	1 2		Leonel			M.D.	936			Nat'	- Pi	re	7210
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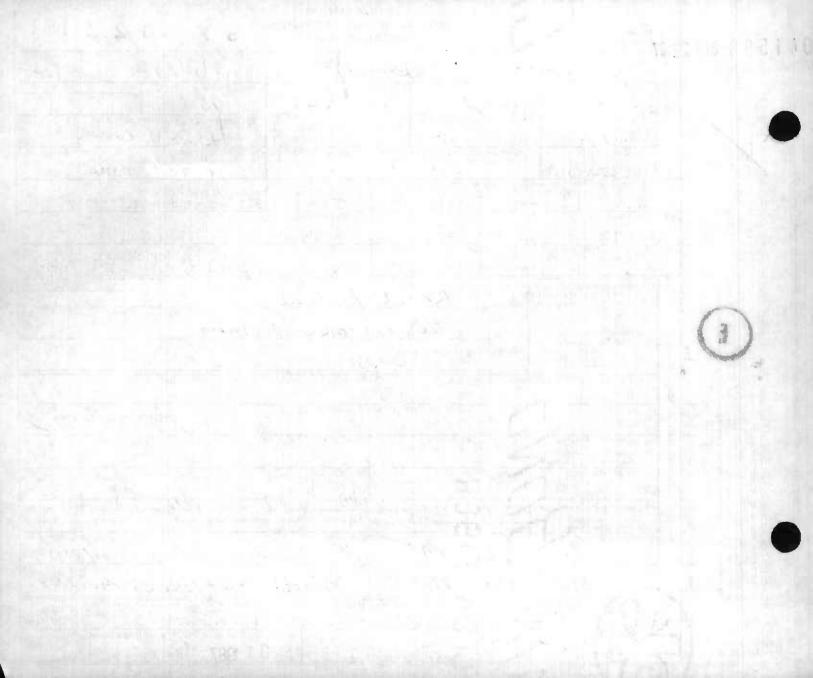
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	U	4	Con	3	
REG. NO.					

110	0.0	REGISTRAR		CER	TIFICATE OF DEATH	8 / REG. NO.	Z 6 1
1 4	In DEC	EASED NAME FIRST	mma ^	ODIE · W. Jer	Jenkins	20 DATE OF DEATH MONTH	DAY YEAR 76 HOUR
	3. SEX		4. RACE		TE OF BIRTH	& AGE (IN YEAR) TALL BETHERY)	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		nale	White	~	7/26/1890		
3		RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	and the same of th	RIED NEVER MARRIED DE DIVORCED DE DIVORCED	BALTIMORE CITY OR COUNT	County MD.
1	10 CI	COLUMN OF DEATH COLUMN T		OSPITAL, NURSING HOM	Hospital	120 USUAL OCCUPATION [1YPE OF WORK FOR MOST OF WORK! S.L. Ins. Agent	17b. KIND OF BUSINESS OR INDUSTRY
3	USUA 13a. S	AL RESIDENCE (IF NURSING FOME OF NATE 136 COUL		Balto.	13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / ZIP COD 301 McMecken S	
3/	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME	LAS1
16		Charles		ggner	Mollie	H	lolt
2	(7	VAS DECEASED EVER IN U.S. AR (155, NO OR UNKNOWN) (14 YES, GIT 10	RMED FORCES? VE WAR OR DATES)	214-14-5479		Rd. Frederic M. Jenkins, 8916	ck, Md. 21701 Yellow Springs
H		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		ine for (a), (b), and (c).)	10.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (0)	Nenga	gareure		
1		Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE O	introver 1	15 tres	
		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSTOURNED			
ind		underlying cause last.	(c)	AS A CONSEQUENCE	20515		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
-	TION						
H	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERA	TION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
7	CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		INJURY A. MONTH DAY YE.	AR 21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
for	ICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.A		9		
	MEDI	214 INJURY OCCURRED	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, FARM ETC.	211. LOCATION STREET	CITY OR TOWN	COUNTY
		AT WORK		/	1111	7 1/18	87
		22a 1 certify that (1) (this hosp saw the deceased alive ar above, (1) (we) (did) (did no	,	18 57	, and that in (my) (our) opinion	death occurred on the date and ho	ur and from the causes stated
		276. SIGNATURE MAL	v 0,	mo	DEGREE ATTENDING	MEDICAL STAFF	224 DATESIGNED
-		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN [DIRECTOR PHYSICIAN	11/8/01.
1		MARI	LDM;	5 Mo	9057BA	VMAFRICE C	cmd21043
1	1	SURIAL, CREMATION REMOVAL	//		F CEMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY STATE
	-	HIAN COMECTOR	1/21/8	/ Baltim	ore Cemetery	Baltimore TE REC'D. BY REGISTRARIZS REGIS	Maryland
	1	1 Steel 14 1 1 L	mon 10	W. Padonia			
	10 4	L. Lowell Lell	mion, iu	W. Fauonia	ING. DAN	7 1 1301 Habre 120	ordern. Randall

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR - STATE

STATE OF MARYLAND		STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0
	REG. NO.	

0	2	2	

_ 1		REGISTRAR						REG. N	O			
1.7	17DEC	CEASED NAME FIRST	MID	DIE	ı	AST		20 DATE OF DEATH	HINOM	DAY YEAR	2b HOL	
11.0	LU	Reuber Reuber	^		11-	60			, ,	8 87	6-	20
-					-	hn		/	/		IF UNDER	AM
-1	3 SEX		4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS	MIN.
		Male	W	HITE	MONTH	19	19	67	YRS.			
1	Zo BIE	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	8			BALTIMORE CITY		Y OF DEATH		
5-		ARYLAND			MARRIE	NEVER A	ARRIED X	11			,	
1	MA	ARYLAND	US	οA	WIDOWE	D DI	ORCED [HOWARD) (OUNT	/	MD.
- 1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HO			R OTHER INST	ITUTION	120 USUAL OCCUPAT		126 KIND	OF BUSIN	ESS OR
/1	C	OCUMBIA	111001	ACILITY, GIVE STREET				(TYPE OF WORK FOR MOST C				
	-1		HOWARD	CO.GEN.	HOSP	ITAL		PHARMACI	ST	DR	UGS	
1		AL RESIDENCE (# NURSING ME OR TATE 11 DUN	VIV 13	CITY OR TOW		13d. INSIDE C	TY LIMITS?	13e STREET ADDRESS	ZIP.COD	E	02.02	_
2	B/I 2	ARYLAND DA	110.	BALTIMO		YES TV	NO D	130.514305 LAB	YRINI	H RD.	2121	5
		THER'S NAME		DALLING	JRC.		MAIDEN NAM	E		- 11		
1)	HYMAN	MIDDLE	INT LAST			NA	MIDDLE		UNKNOW	TAT	
4		HIMAN	IAI	TTA						Olvidion	ITA	
6	160 V	VAS DECEASED EVER IN U.S. AR		66 SOCIAL SECU		17 INFORMA	NT ARN	OLD KAHNODRE	55			
Z	YE	ESOOR UNKNOWN) WIT	-ARMY ESI	215-12-	-5892A	603	LEAFYDA	LE TERRACE	#21	.208		
										1 APPRO	CHALATE INTE	DVAL
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one couse per lin	e for (a), (b), op	dic.	1 .01				BETWEEN	ONSET AND	DEATH
			TE CAUSE (o)	Respond	leny	14mes 7			and the same	5 h	lhe	
				,								
	170		DUE TO, OR A	AS A CONSEQU								
		Conditions, if any, which gove rise to immediate	(b)	Linal	Failere							
		cause (a), stating the	DUE TO, OR A	AS A CONSEQU	ENCE OF	M.	01					
		underlying cause last.	((c)	arem	mus	11	olen					
		PART 2 OTHER SIGNIFICANT O	CONDITIONS CON	TRIBUTING TO	DEATH BUIL	NOT RELATED	TO THE TERMIN	VALDISEASE OR CON	DITION G	IVEN IN PART 1	0	
	Z	Me 1 de	1/2.	0.14		RAL	1. R	•	011101101			
2	CERTIFICATION	Malignand	HIN CONDITION		LODEDATIO		2450	TAN- ALITORS V2	Tank IF VI	ES, WERE FIND	105 1165	
\mathcal{I}	O	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFO	KWED	20a AUTOPSY?		IFYING CAUSE		
	TIF							YES NO		ES 🗌	NO [
10	E S	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF	INJURY		21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH D	AY YEAR							
	S	(IF EITHER NOTHY MEDICAL EXAMINES			19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY T. FACTORY, OFFICE, I	EADAA ETC 1	211 LOCATIO	N	CITY OR TO	WN	COUNTY		STATE
	5	AT WORK AT WORK	(ATTIOME, STREET	I, I ACTORT, OFFICE,	FARM EIG J				1 .			
ø		220 I certify that (1) (this haspi	tal) attended the	Asserted from		FAT	10 \$ 6	10 //	18	1087	the little	we) last
3			4 8	A 700	87 -	d that in (ny)	(Bur) Boining di	eath accurred on the		, 19	0	
7		above, (1) we) (did) (did a	triew the body of	ter deoth.			(our, opinion di	eom occorred on my d	ore ond no	or one from the	couses si	bied
1		22b. SIGNATURE	1	n		DEGREE				2h. D411	SKINED	
		11/1010010	1 -he	, ICIA	4 -	mn	TTENDING PHYSICIANI	MEDICAL STA		1/11	180	1
7		27d PHYSICIAN'S NAME HAPE	DE DEINIT	. / 🔾	-	22e ADDRES	The same of the sa	DIRECTOR THISIC	IAIN L	1/10	101	
								CD11 1100D	000		MD	
		WARREN M.R	COSS, M.D.	•		HOWA	ARD CO.	GEN. HOSP.	- 00	DLUMBIA	MD	
	23a B	JURIAL, CREMATION, REMOVAL	23b. DATE	73€	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION				
		BURIAL	JAN.19,	1987 W	DRKMEN	CIRCLE	E .	BARTIMO	RE	COUNTY	IARYL	AND
	24 E1	INERAL DIRECTOR SOL L	EVINSON (& BROS.	INC.		IZEA DATE	REC'D. BY REGISTRAR	12 DECK	TDAD'S SICADT	THOS	
	27 FL	601 OREISTERSTO	WN RD. I	BALTO	MD	212		141100		A PIONA	OKE	
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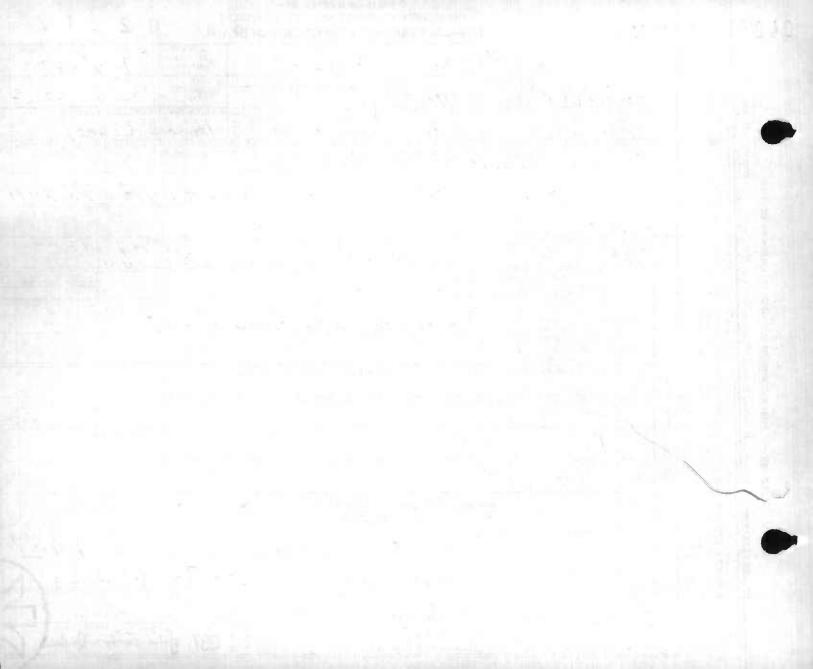
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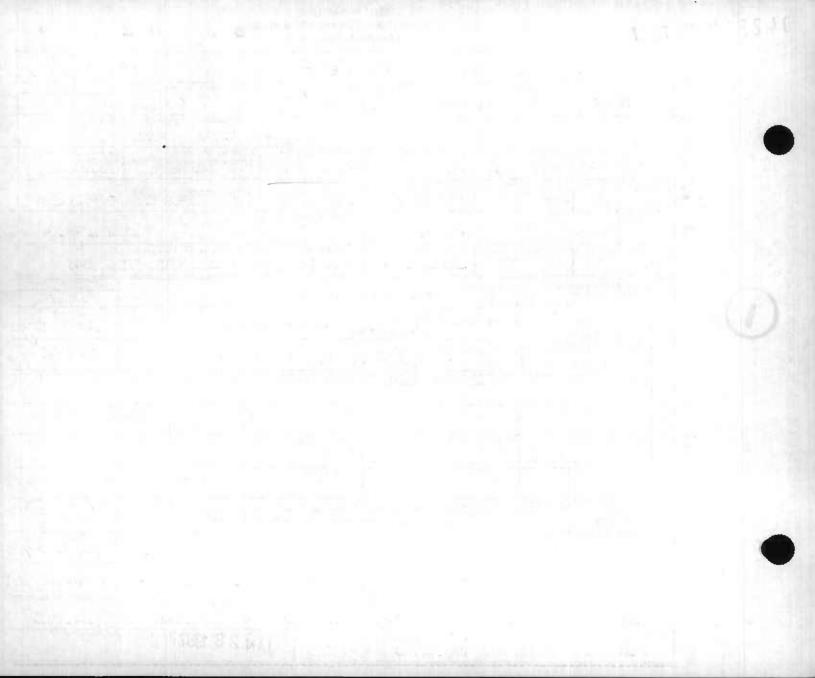
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S. Della S. See Jan. 30. 4 . 05 Moher (Mar) Regist, de. 3.58 downwood Co. A. S. U. Biologick no increasing of VCV 13, - bit orridbook Chi etal .wi.ada to to the area of the section of the . M. Clorus anidac Income name. 7 101-510 felicie Charles w. Jurrier, dr., Sykasville, 14.

		FOR	r	STA SEPARTMENT OF			NE		1	3
1040871 JAN	178	STATE REGISTRAR		DICAL EXAMIN				2 2	1 /	
	1. DE	CEASED NAME FIRST	4.0	MIDDLE	LAST		20. DATE KNOWN		DAY YEAR	2b HOUR
18 4 4 5 S F	(TYP	EORPRINT) Alice	Mar	tha	KELL	FY	OF ESTI-	01-9	1987	
REGERAL SERVICE AND	3 SEX		5 DATE OF BIRTH	6. AGE (IN YE		R. IF UNDER 24 HRS	. 2c. DATE	MONTH C	DAY YEAR	2d HOUR
PEASE DIFECTOR. R FILES. TY HOURS		Formale Black	MANTH DAY	1897 894	AY) MONTHS DAY	S HOURS MIN	PRONOUNCED DE AD	1-9	1987	8 90 M
AT A A L	7a. BI	RTHPLACE (STATE OR	76. CITIZEN OF WH	AT COUNTRY?	1		9. BALTIMORE CIT	Y OR COUNTY		6/1 M
S NECESSA FUNETAN S FOR AL S FOR AL	FO	VITGINIA	11 4	5 A.	WIDOWED A	NEVER MARRIED DIVORCED	Howard	T Com	12.	
NEWS X	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM			SUAL OCCUPATION	TYPE OF WORK 12b.		MD.
\$1838)C	1	Columbia	SIE NOT IN SUCH FACE	CHITY, GIVE STREET ADDRESS)	Rd.	FO	R MOST OF WORKING LIFE)		OR INDUSTR	Υ
HOLENSON -		L RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSI	ON)					
ANY DELA AND 3 TO 1 ANY DELA ANY	13a S	Md. 136. COUNT	ard	Columbii	13d. INSI		REET ADDRESS	s Furm	Rd. 21	1044
A CENT WO	14. EA	THER'S NAME	WIDDIE	A LAST	15 MO	THER'S MAIDEN NAM	NE MIDDLE		LAST	
		Kobert		Crouch		Mary				
N SSORE		VAS DECEASED EVER IN U.S. ARM	NED FORCES?	166 SOCIAL SECURIT	Y NO. 17. INF	ORMANT	ADDRI	Harpers	Fm.R.	d.
RS AETR DEA S. GAVE PAGES WITH FORM, P PAGES I AN DIVISION OF		NO -		217-24-6	567 URS	SULA GREATE	- Colu	mbin		
		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one cause per line	for (a), (b), and (c).)	e, ,				APPROXIMATE I	INTERVAL AND DEATH
PRESTON ST THIN 24 HO CIL IN ITEM 1 FER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.			E CAUSE (a)	AT CAGE 5	m/4re					
A ALC MOV			DUE TO, OR	AS A CONSEQUENCE	OF A		1			
Z REL		Canditions, if any, which gave rise to immediate	(b) (T)	KNOSC/COST	CATC	0-145646	1 Costore			
AAMII AAMII V. OR		cause (a) stating the <u>under</u> - lying cause lost.	DUE TO, OR	AS A CONSEQUENCE	OF					
RDS, 201 V EXECUTED NG" IN PI NG" IN PI NG EXAL A AND MEI A AND MEI			(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., RE. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU ATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 14 ORWARDED TO THE CHEIF MEDICAL EXAMINER ALONG WHAT AND A SHOULD BE USED AS A BURIAL-TRANSIT PERMIT HE STATE DEPARTMENT OF HACHTH AND MENTAL HYGIENE. ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIGNIFICANT CONDITIONS C	DATRICUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1 to.				
L REAL	CERTIFICATION	198. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	ATION WAS PER	FORMED?			20 AUTOPSY?	
SHOULD ORD "PE CHIEF NO CHIEF	E								YES 🔲	NO DE
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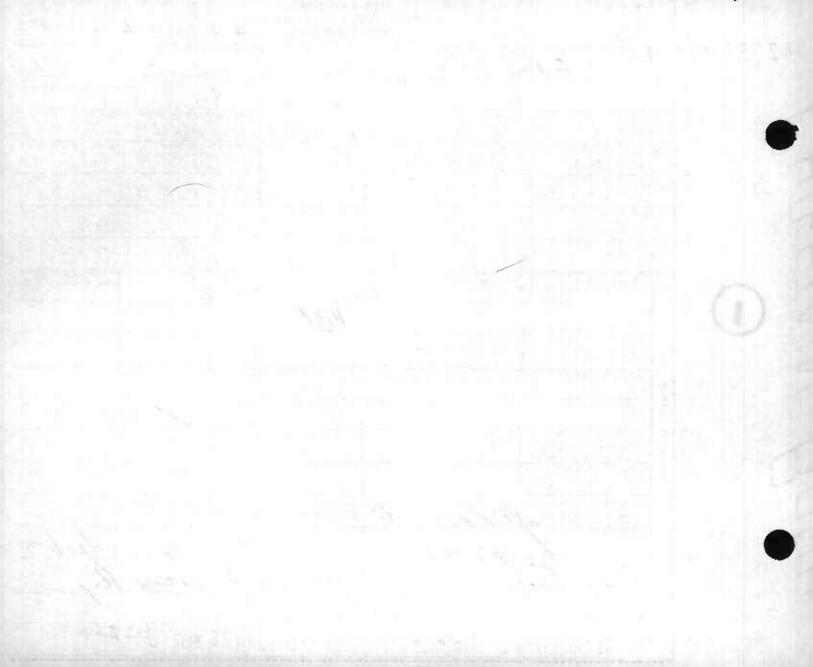
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ITAL OR A by the hosy the hosy the hosy detached from DIRECTOR IT		276. SIGNATURE	1)ns	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 1-19-8-7
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DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR S	OL LEVINSON WIN RD. BAL	& BROS.II	NC. 21215 250. DATE	N° 2 8 1987 256 85	ASIBARS BIGNATURE



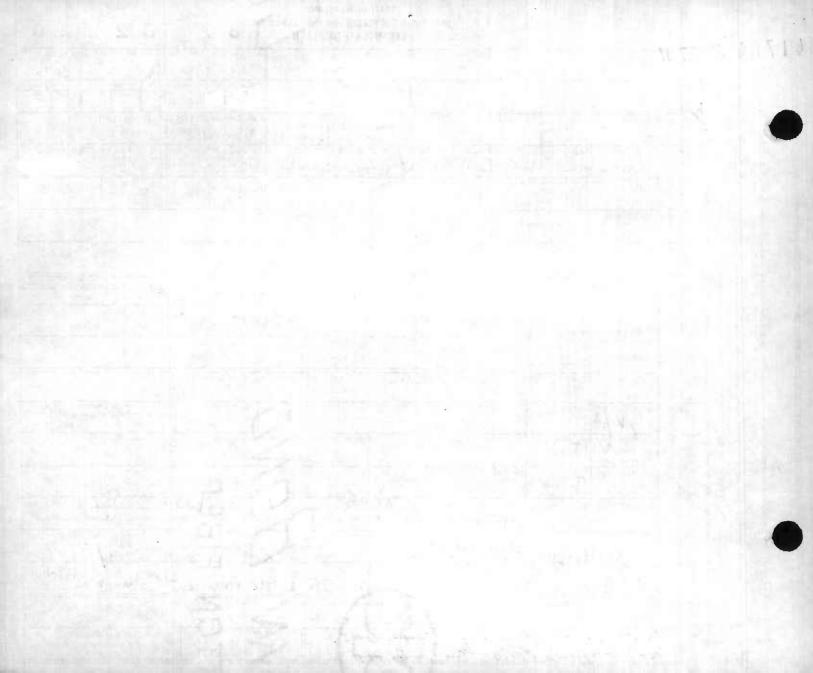
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1) DECEASED NAME EDNA Μ. LAUB 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINTS January 24, 1987 nG 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE IF UNDER TYEAR DAY29 YEARO3 MONTH 3 Female White O BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York OWARD County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADAISSION) 21044 136 COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Columbia Maryland Howard 6336 Cedar Lane Apt. 203 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ida Schwartz Abraham May 6631 Queens Ferry Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT NO OR UNKNOWN) THE YES, GIVE WAR OR DATEST Cleve Laub Jr. Baltimore, MD. 091-03-6174 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 JF YES, WERE FINDINGS USED M CERTIFYING CAUSES OF DEATH? NOL NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME 22e ADDRESS Columbia, MD. shoul with 23a. BURIAL, CREMATION, REMOVAL 73b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNT 1/26/87 Cremation Westview Crematory Catonsville Maryland 250 DATE REC'D BY REGISTRAR 250 RIGISTRAR SIGNATURE. 24 FUNERAL DIRECTOR Lerow M. & Russell C. Witzkeookuneral Homes P.A 5555 Twin Knolls Road, Columbia, MD. 21045 DHMH - 16 60M 7/B4

(VRA 15. 4)

STATE OF MARYLAND



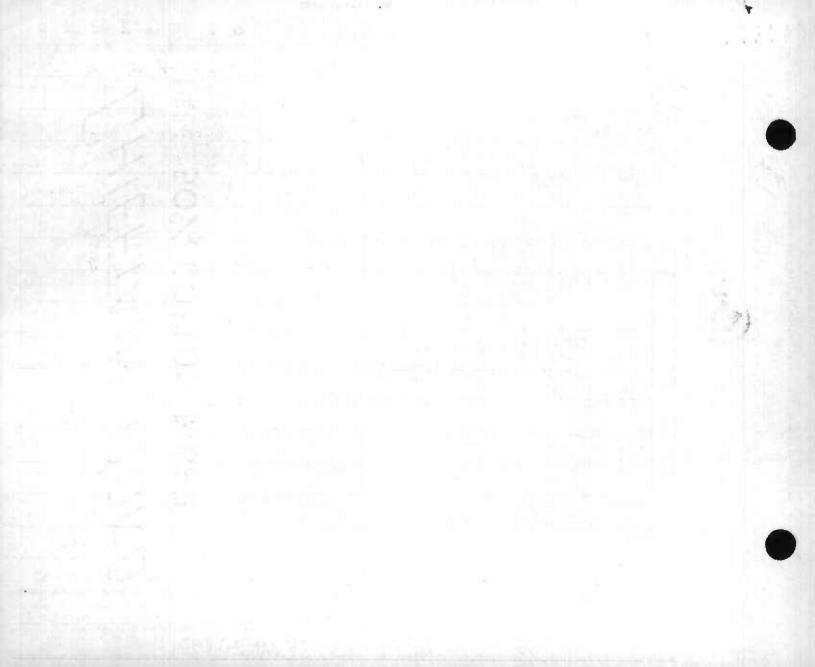
STATE OF MARYLAND



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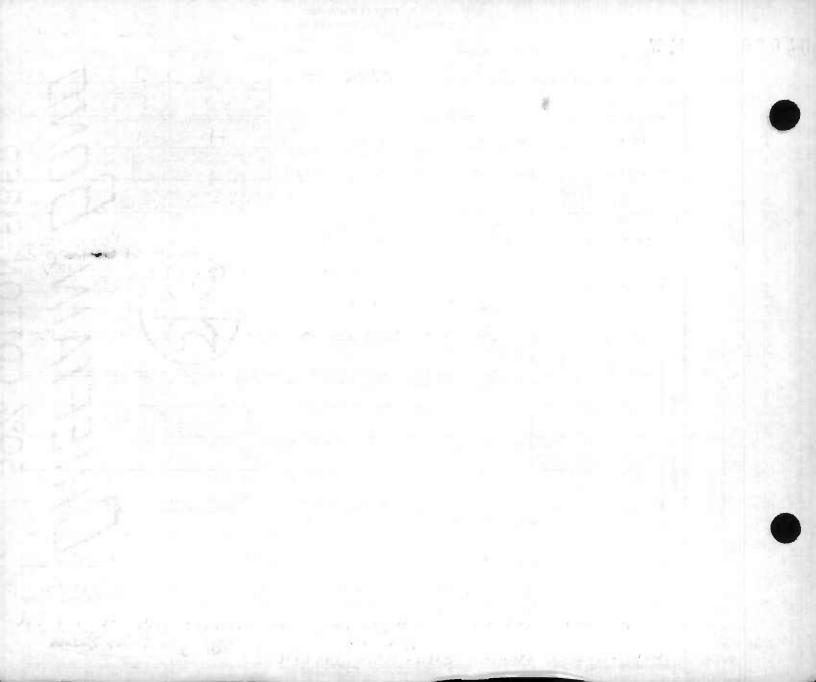
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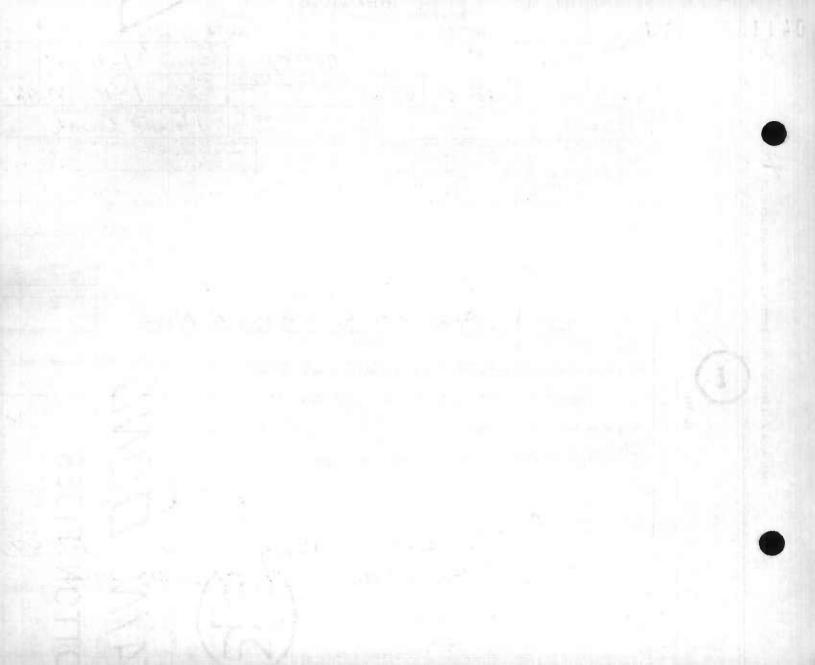


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(VRA 15, 4)	0	lack Fune	sal!	Home	Ellic) TT a	ity Hat I was				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-OF AY IS NECESSARY, PLEASE 17 THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS 70 W. PRESTON STREET, DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED GAC M 200 DEAD YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsulvania USA WIDOWED V DIVORCED 10. CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR INDUSTRY 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK "10549 GOLMANET Rd SSS Laurel inspector Dept. Store SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE T3d. INSIDE CITY LIMITS? 130 STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 10549 Gorman Rd 20707 YES [Maruland Howard aurel 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST unknown Mary unknown 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO ADDRESS WITH FOR (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Robert Alt same as above 179 10 4697 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUÊNCE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [] NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME, If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PACE 4 SHOULD BE FOR TO FUNERAL DIRECTORS AFTER DEATH, WITH THE S Inspection X 220 I certify that I took charge of the remains described above, held an Autapsy and in my opinian death resulted fram Natural causes Hamicide Undetermined manner TITLE (SPECIFY Resurrection Cemetery Burial Jan 14, 1987 Bensalem, Penn BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Donaldson Funeral Home, Laurel, Md (VR A15 ME (5) 20M 4/82



7601 Sandy Spring Rd.

Fleck Funeral Home, Inc. Laurel, Md. 20707

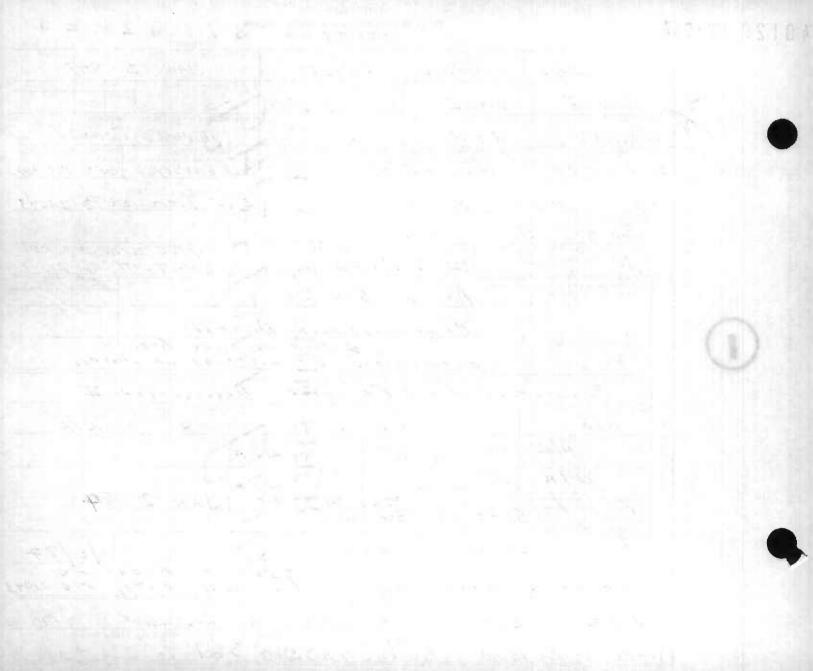
250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

C. homen's Howing Cant, yourse

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH 7b. HOUR (TYPE OR PRINT) MARGARET MARY ICKETT 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SELF EMPLOYED GEN, MCHOS 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE HOWARD LUCOTT CITY NOF 5165 /LC1051212 KD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST 1AMES 166 SOCIAL SECURITY NO. SADDRESS ILCHESTER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) ELLICOTT CITY MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ENEBROVASCULAR DISEASE Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse lost. 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 96 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO S 716 TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDIC AL EXAMINER) 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE FACTORY OFFICE FARM, ETC) 220 Vertify that (1) (1) is hospital) attended the deceased from saw the deceased alive on 5 th T 1991 abave, (1) (we (did) (did not) view the body after death. DEGREE 22c. DATE SIGNED MEDICAL TO FUNERAL should be deta with the State PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORT, ANDY ELLICOTT 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE CATHEDRAL CO 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)



1	STATE OF MARYLAND									
X	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 0 2 2 2 7									
2637 FEB -2 L	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
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2 13	Michael J KH 1/20187	3:45 12								
2 41	3. DATE OF BIRTH	FUNDER LYEAR IF UNDER 24 HRS								
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4 41 Wh	DESTRIPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED IN BALTIMORE CITY OR COUNTY COUNTRY)	OF DEATH								
I II EX	Maryland (1) WIDOWED DINORCED DI How And 1	ounts MD.								
11 0/	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVESTREET ADDRESS) (Type OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR								
5 3 13 0 /	Columbia Howard Court General NOSP systems analyst	business								
2 11 27	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE	-21033								
3 1 100	MD HOWARD Ellicot COT YES NO X 10107 CARIL	LON CT								
E 10 10 10	14 PATHER'S NAME / 15 MOTHER'S MAIDEN NAME									
1 1 1	Merlin J. Pitt Myree Myree	Michael								
W REAL PROPERTY.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 10107 Carillon (Court								
8 1 100	(ves. NO OR UNKNOWN) (IF Yes. GIVE WAR OR DATES) 219 40 999 3 Janet Pitt 1010/ Carillon (Filicott City.)									
4 1 1 1 1	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
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20 P	NA NA									
9 1 11177	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES,	WERE FINDINGS USED								
2 26 267 1	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1206. IF YES, IN CERTIFY YES NOW 1216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PAI	ING CAUSES OF DEATH?								
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A A See .	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1/28/87								
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POR IN THE	Thomas I Rock Howard County Hospita	1								
52 52 3	236 BURIAL, CREMATION, REMOVAL 236. DATE 235, NAME OF CEMPTERY OF CREMATORY 234 LOCATIO									
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DHMH - 16 60M 7/84	HARRY HE WITZKE & FAMILY FUNERAL HOME, INC.	A CONTRACTOR								
(VRA 15, 4)	4112 Columbia Road, Ellicott City, Md., 21043 AN									

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RESISTRAR DECEASED NAME KNOWN K 2b HOUR (TYPE OR PRINT) OF ESTI-TH. IF ANY DELAY IS NECESSARY, PLEASE

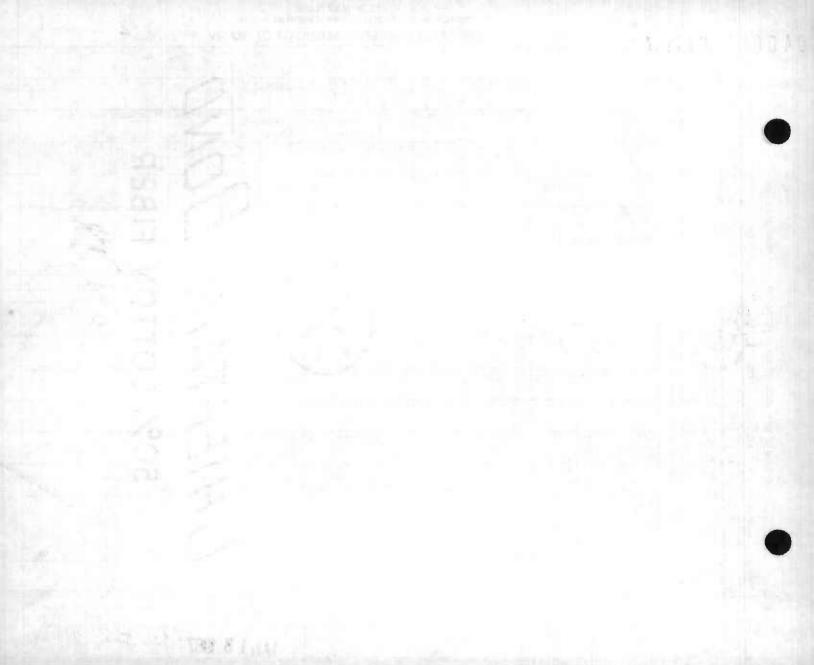
1, 2, AND 3 TO THE FUNERAL DIRECTOR.

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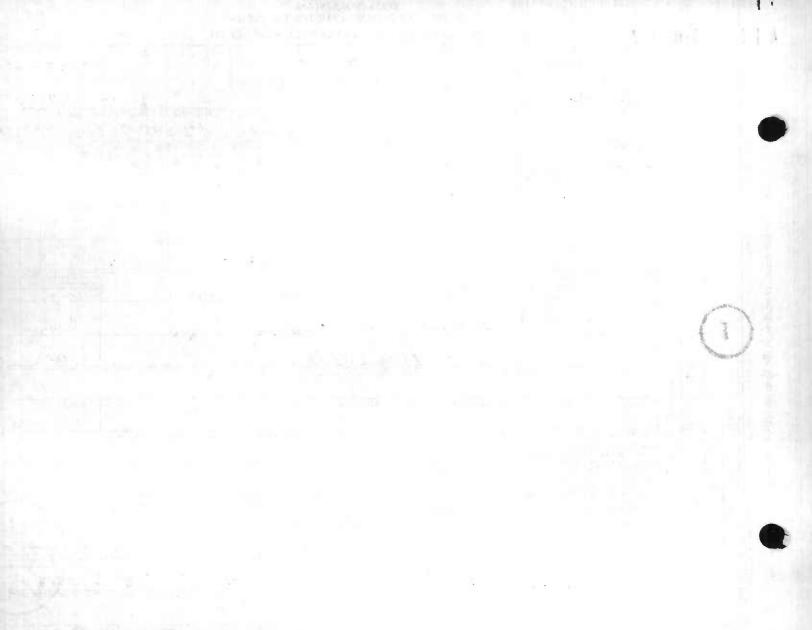
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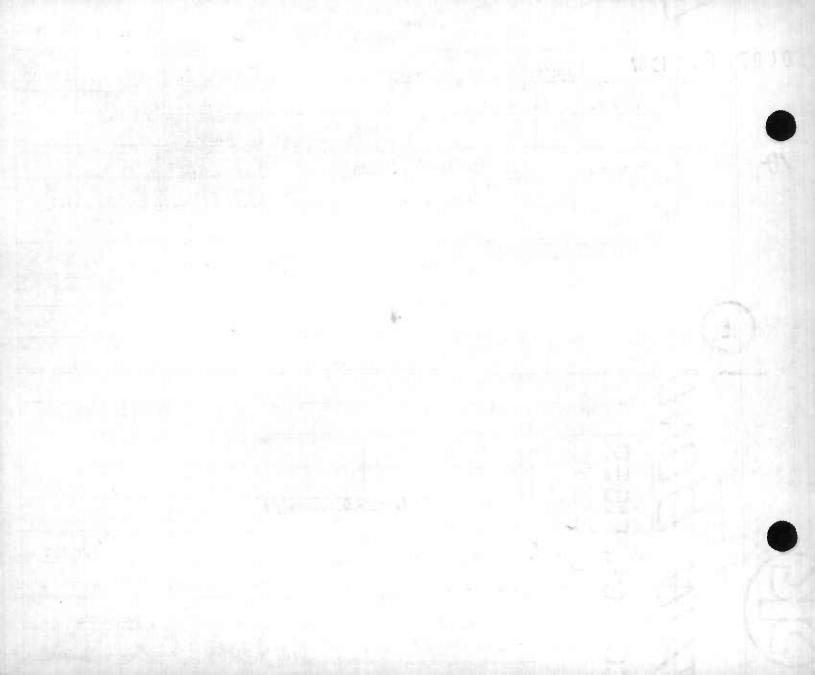
HESTON STREET, Proudfoot 9 Buford Lee 1987 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 11:15 LAST BIRTHDAY) PRONOUNCED DEAD 1987 11 - 09 - 4343 YRS Male White TE BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED X U.S.A. WIDOWED [Howard County, Maryland 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 384 Deep Run Parkway Elkridge Salesmanager Auto USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 136 COUNTY 13c CITY OR TOWN Elkridae 384 Deep Run Parkway 21227 Maryland Howard 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Proudfoot Virginia Wilson Buford Charles 17 INFORMANT 168 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO **ADDRESS** 212-42-1247 Cathy L. Knight Westminster, MD 21157 YES WWII 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? CERTIFICATE, WRITING THE WORD "P ULU BE FORWARDED TO THE CHIEF. DIRECTOR: PAGE 3 SHOULD BE USED I, WITH THE STATE DEPARTMENT OF HE MARRYLAND, 21201 PRIJER TO BURIAL, YES X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) MOR. HOUR A.M. MONTH DAY YEAR UNDERLYING 9 1987 selfinflicted CONTRIBUTING CAUSE OF DEATH XX 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC) NOT WHILE AT WORK AT WORK 384 Deep Run Parkway, Elkridge, Howard, MD home X EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH WITH THE S
BATTLE MARYLAND, 220 I certify that I took charge of the remains described above, held an Autopsy X Accident TITLE (SPECIFY) ACTUAL Deputy Chief MEDICAL EXAMINER 1/10/87 SIGNATURE EXAMINER'S NAME Ann M. Dixon. Penn St. Balto, MD. M.D. 23a.BURIAL, CREMATION, REMOVAL 23b DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE CREMATION Carroll Cremation Serv 07/84 Hampstead Carroll MD 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** HAIGHT FUNERAL HOME SYKESVILLE, MD 21784 (VR A15 ME (5))

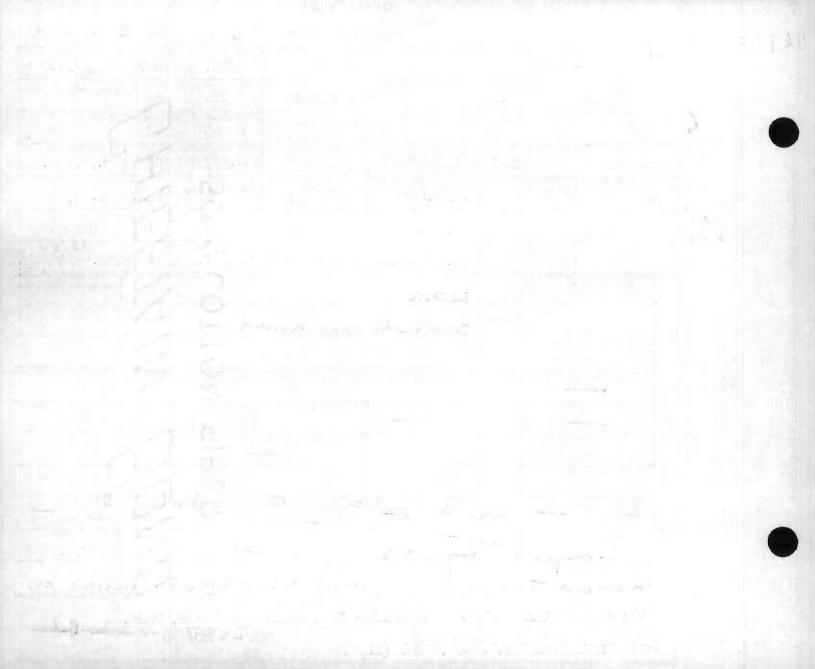


		FOR		STATE OF DEPARTMENT OF HEALT	MARYLAND H AND MENTAL H	IYGIENE	
411905e	N 2	REGISTRAR Brenda G.	Rich ME	DICAL EXAMINER'S	CERTIFICATE C	KEO. I . O.	4 4 3 4
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RY, PLEA DIRECTO DUR FILE 72 HOU	17	male Care	S. DATE OF BIRTH	O YEA 5 6. AGE (IN YEAS IF U	UNDER 1 YR. IF UNDER	24 HRS. 2t. DATE MOR	13 1987 53N
S NECESSARY, PLEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	MAR	RIED NEVER MARR	- Inhana . And 1	COUNTY ME
FILE		Y OR TOWN OF DEATH	(IF NOT IN SUCH F.	SPITAL, NURSING HOME, OR OT ACILITY, GIVE STREET ADDRESS) County General		120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) Housewife	ORK 126. KIND OF BUSINESS OR INDUSTRY Home
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SATH SATH	14. FA	THER'S NAME FIRST Aaron	MIDDLE	Zhger	IS. MOTHER'S MAIDE FREST Francis	MIDDLE	Unknown
ST., BALTIMORE, A HOURS AFTER DEA M. 18. GIVE PAGES WG. WITH FORM P MMIT. PAGES 1 RM P ME. DIVISION OF W	(Y)	AS DECEASED EVER IN U.S. AF (IF YES, GIV 10	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECURITY NO. 215-42-1976	Brian E.	ADDRESS Rich - Same as S	ec. 13
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	AL CERTI	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YEAR	HOW INJURY OCCURRE	ED LENTER NATURE OF INJURY IN ITEM 18 PART T	
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VEDICAL EXAMIN UTE THE CERTIFIC UNE THE CHOICE BE UNERAL DIRECT R DEATH WORE, WITH THE		220. I certify that I took char	ge of the remains de ural causes \Box ;	Accident D. Suicide &		Undetermined manner ,	ATE 1-14.87 GNED 1-14.87
		JRIAL, CREMATION, REMOVAL PECIFY) Cremation	23b. DATE 1/15/87	23c. NAME OF CEMETERY Westview Cr	OR CREMATORY	23d LOCATION CITY OR TOWN Catonsville Ba	COUNTY STATE
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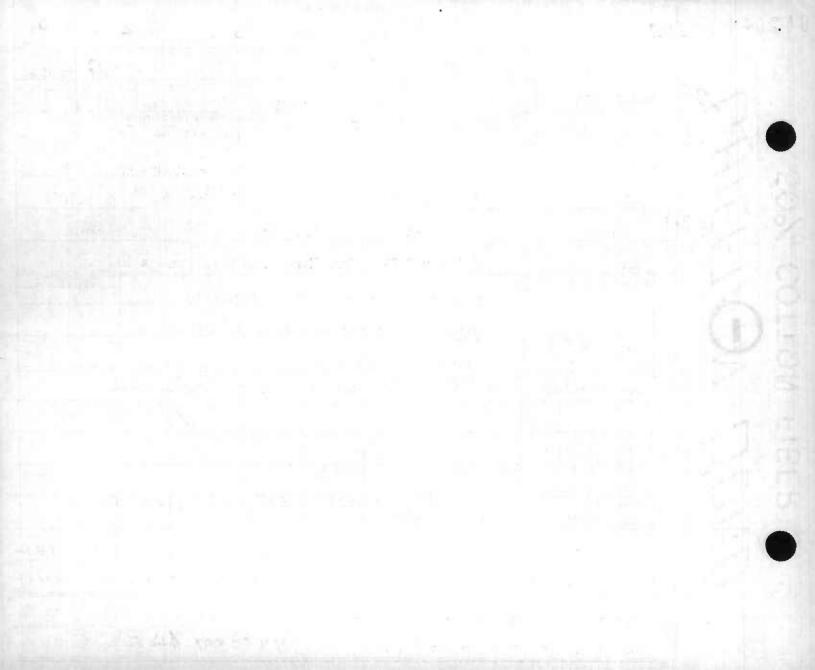


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Ser J		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADD	rESS			
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir attending physicion. We this certificate has been signs the build-tronsit permit. Then thank Amental Hygiene prior to be not deal or them Is shows any injury orked or them Is shows any injury.	NO	Ventria			llaho		cubin		De De	men	nel		
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OR ho		226 SIGNATURE	/	,			DEGREE				22	C DATE S	SIGNED
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Of	23a. E	SURIAL, CREMATION,	REMOVAL	236. DATE		23c. NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		10	17.4	,
BP		Burial		Jan. 2	7,87	Glen Ha	ven Mem.		Glen Bur		AA		MDATE
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR				ADECC.	YOU DO	25e. DATE	28 1987	Sh. REGIS	STRAR'S	SIGNATI	JRE
(VRA 15, 4)		James S.	Kirk	ley, Gl	en Bûr	nie, MD		NAI.	28 1987	Aulia,	Danda	m. Ka	ndall



requires that the death certificate be executed

TENDING PHYSICIAN The low

TO HOSPITAL OF ATTENDING PHYSICIAN The retoined by the hospital or offending physicion.

80

DHMH - 16 60M 7 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the offendual physician and completely filled in by the funeral director. psishould be detached for use as the burial-transit permit. Then please remove tatban pages. Pages 1 and 2 should be filled within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

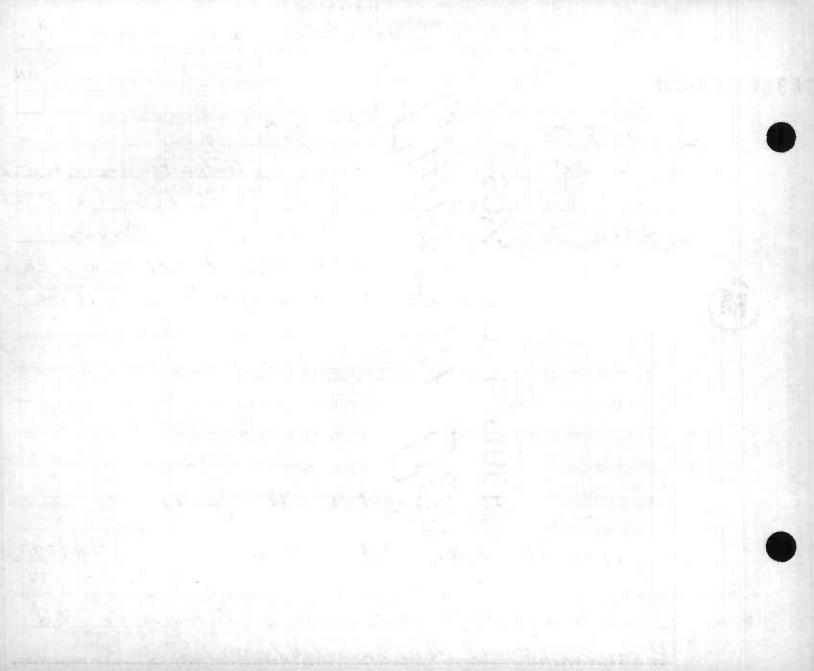
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYO	S REG. N		2 3	1
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	3 SE		4	RACE		S. DATE C		6 AGE (IN YEARS LAST BI	MONTHS	DATS HOURS	ER 24 HRS
4		Female		White			st 26, 1904	82	YRS		
19		RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH	
1		Michigan		U.S.		WIDOWE		Howard			MD.
10		olumbia	TH /				ng Home	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Homemake:	OF WORKING LIFE) INDI	IND OF BUSINGSTRY n Home	NESS OK
74	13a S	AL RESIDENCE (IF NURS STATE Shington	NA COUNT Grant	TY	GIVE RESIDENCE BEFOR 136 CITY OR TOV Soap Lai	VN	136 INSIDE CITY LIMITS? YES NO K	130 STREET ADDRESS 4th. Ave		9885	19
16	14 FA	ATHER'S NAME	AA	NDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST	
15		Phillip		10010	Hood		Jennie		(U	nknown')
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT (Sor	n) ADDR	ESS 502 Bat	hurst	Road
2		No	N/7		372-12-0	6261	Mr. Norman	J. Johnson (Catonsvill	e, Md.	21228
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1	TIFICA	TYE DATE OF OPERA	IION	IVE CONDI	TION FOR WHICE	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYING C		ATH?
9		210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEAT	10	M. MONTH D	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 ORF	ART 2)	
	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	330	21e PLACE (OF INJURY EET FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COU	NTY	STATE
7		220 I certify that (1) sow the decease obove, (1) (we) (s	ed mive on_		19_	, 01	nd that in (my) (gar) opinion	death occurred on the c	ote and hour and tre		(we) lost stoted
		226 SIGNATURE					DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF	DATE SIGNE	D
/		Dr. Rober					27e ADDRESS	ro Pond Co.	lumbia Ma	Arc Lun	
		BURIAL, CREMATION, (SPECIFY) Burial JUNERAL DIRECTOR		23b. DATE January	, 20.		9650 Santiag EMETERY OR CREMATORY idge Mem. Par	23d LOCATION CITY OR TOWN	COUNT		STATE land

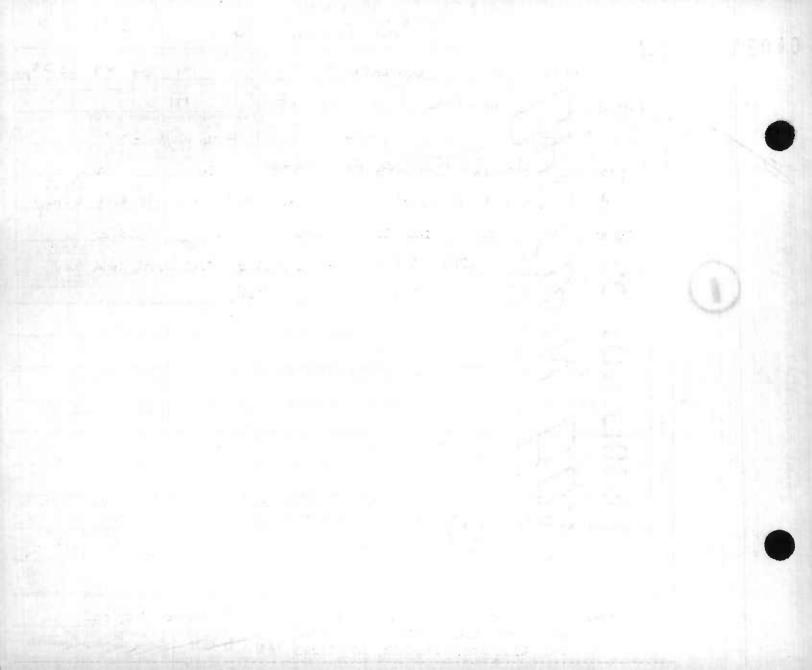
17,1987 Tories wreing Home

		1			STATE OF MARYLAND			-
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			CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
	on one of the		Albert	- L.	Taylor	1-29-8	/	12 MM
143.	of of the	3JSE	Male	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 3-5-13	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS	IF UNDER 24 HRS HOURS MIN.
	Poge		RTHPLACE (STATE OR FLORE	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY O	R COUNTY OF DEATH	
	to \$250		U.S. A. DA	U.S.A.	WIDOWED DIVORCED	TI HOLLIA	R	MD.
	\$ 10 mm	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST OF		OF BUSINESS OR
5	to so the source of the source	(Columbia	Lovent	159, Home	Carpon	ten -col	15 twictim
ND 212	24 hour	13a. 5	TATE AL	THER INSTITUTION, GIVE RESIDENCE BEF		130 STREET ADDRESS / 242 Rea		1. 20707
YLA	ithin tely 2 sh	MTA	THERS NAME		IS MOTHER'S MAIDEN	NAME		
MAR	ba aldu	2 .	John L	lay/0+	Marka	a hot MIDDLE	Myon	51
RE,	d co		AS DECEASED EVER IN U.S. AR	MED FORCES? (66 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRE	SS	/
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PRESTON ST	£ \$20.0 m		IMMEDIA	E CAUSE (a)	MENOS OF			
510			Conditions, if any, which	DUE TO, OR AS A CONSEC	DENCE OF			
PRE	the defined on the de		gave rise to immediate	DUE TO, OR AS A CONSEG	HENCE OF			
× .	thot if by if by ol, cre		underlying cause last	(c)	OFINCE OF		The state of the s	
5, 20	gne gne n pli buri	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART I	0'
RECORDS	requer si	CERTIFICATION						
REC	low of prior	FICA	190 DATE OF OPERATION	1% CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING CAUSES	S OF DEATH?
TAL	SiCIAN: The la applysician. certificate has rial-transit per ternal Hygiene per ternal Hygiene per	ER	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121. HOW INTURY OCC	YES NO	YES 🗌	NO 🗌
2	SICIAN: T ig physics certificate rial-transs them 18 sh		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
O Z	HYSICIA ding ph is certif burial-t Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211 LOCATION			
DIVISION OF VITAL	4 9 9 9	MEC	WHILE TO NOT WHILE TO	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TO	wn COUNTY	STATE
No.	ENDING rat or oth DR: After ruse as th Health or	10	AT WORK AT WORK	1	6/18/18 107	× 1000 7	0 50	
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		130	abave, (I) (we) (did) (did na 27b. SIGNATURE	t) view the bady after death.	DEGREE			SIGNED
	The Day	100	Watert &	ho of enous	7 11 ATTENDING	MEDICAL STAF	F //-	10/80
	- 0 1110 -	1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	27e ADDRESS	DEIRECTOR PHYSIC	IAN L	0101
	0 = 5 = 8	150	Robert S. McCe	eney, M.D.	402 Main	Street, Laur	el, Maryland	1 20707
	Of Of MAN	23a B	URIAL, CREMATION, REMOVAL	73b DAIE / 23	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION		
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		24. 51	INERAL DIRECTOR			DATE REC'D. BY REGISTRAR	256 REGISTRANS GIGNA	SHE!
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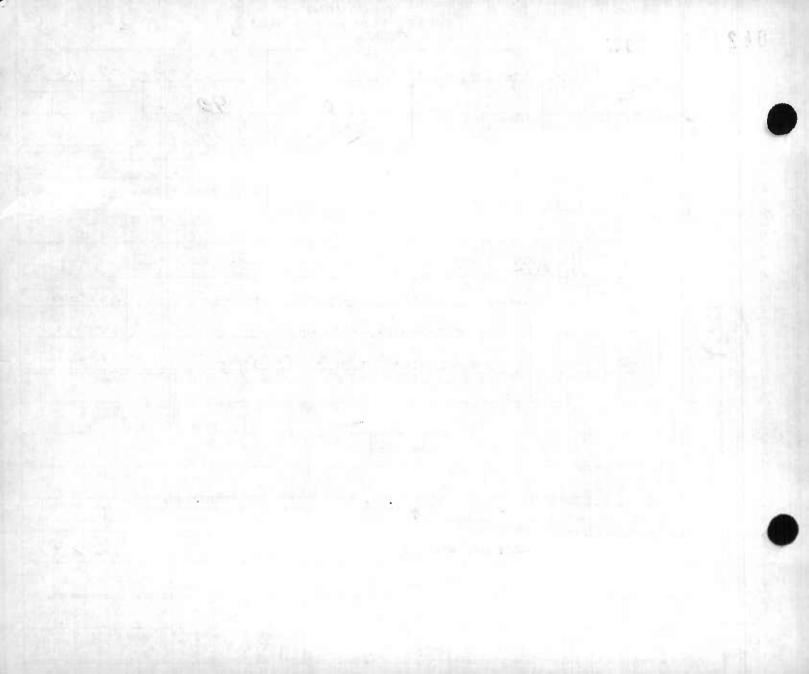


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or the State	H	224 PHYSICIAN'S NA				PHYSICIAN [DIRECTOR PHYSIC	IAN (a)		10
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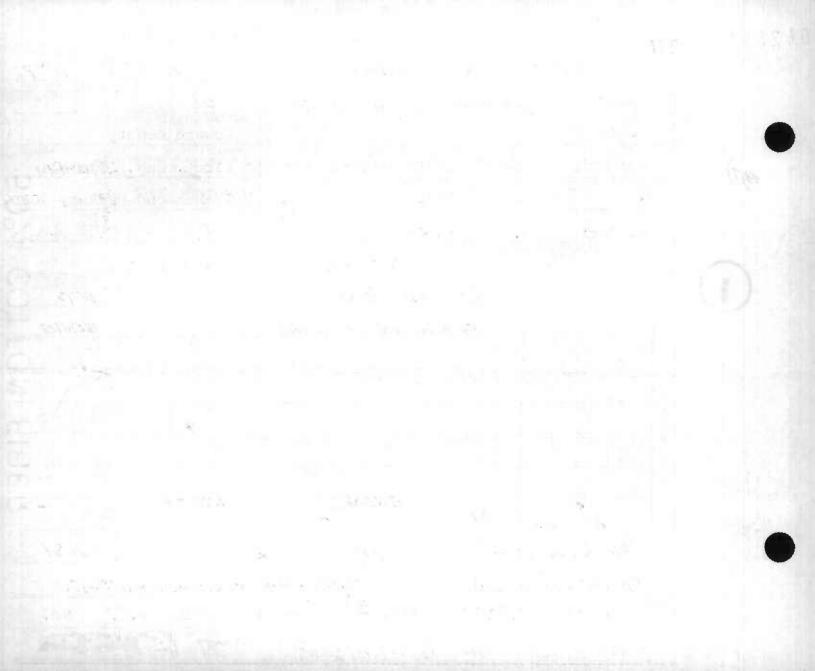
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1 30	14. 5	THER'S NAME	UARD CTATE	4	YES X NO		Land Mill Rd.
1 15 /12/	(1)	FIRST	NIDDLE LASI		FIRST	WIDDLE	LAST
Par 15/6/4	1	John B			Louise	ADDRESS	Brodeur
xec.	160 \	VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN). I (IF YES GIVE	MED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRESS	
pe d	-	NALA	(/A 078-	10-5679	Dorothy Mo	owry(Niece)	
ysicil yper you t, th	17	18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b)	, and ic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph np mo wen			CAUSE (a) Cce	rdiop	seelmowny	Arrest	Sudden
e Aller			DUE TO, OR AS A CONSE	OUENCE OF			
de de		Conditions, if ony, which	((b) AY	heros	clusous		years
# 1		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF			
that l b sos ol, r		underlying cause last	1 10 Cere	brow	cocular Ae	cident	years
ires gned n ple burn	_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN IN PART TIO
The sirred or to injury	10					/	
s be	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
The cion	RTIF					YES NO NO	YES NO
hysic ficot fron Hyg	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PART 2)
StCt.	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
PHY:	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	FICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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NO OF		220.1 certify that (I) (Inc. hospire	June ded 12-5deceased Iro	MUA.	19 01	, to	, 19, that (I) (we) last
ATTE Sprite CTO I for of th		saw the deceased alive an abave, (1) (we) (did) (did nat		, on	d that in (my) (our) opinion	death occurred on the date o	and hour and from the causes stated
OR. ho		226 SIGNATURE	//		DEGREE		221 DATE SIGNED
FAL SAL I deto deto		4.4	Herin	Cas		DIRECTOR PHYSICIAN	0 4/2//8/
HOSPI ined b FUNE vid be of the Si ORTAN		22d. PHYSICIANS NAME (TYPE OR		^	22e ADDRESS		10 0
eroined by TO FUNER, should be d with the Sto		NERIL	12 beside	, W	(Olembit)	NO 21	044
7 5 5 5 3 ₹	23a F	SPECIEVE SPECIEVE	23b DATE	23c NAME OF C	METERY OR CREMATORY	23d LOCATION	I O I DIE
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DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR	11900 Novem	Uama A	25a DA	TE REC-D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VRA 15, 4)		Hines/Rinaldi	Silver Spr	ing , Ma		IN 28 1997	Alle Minden State



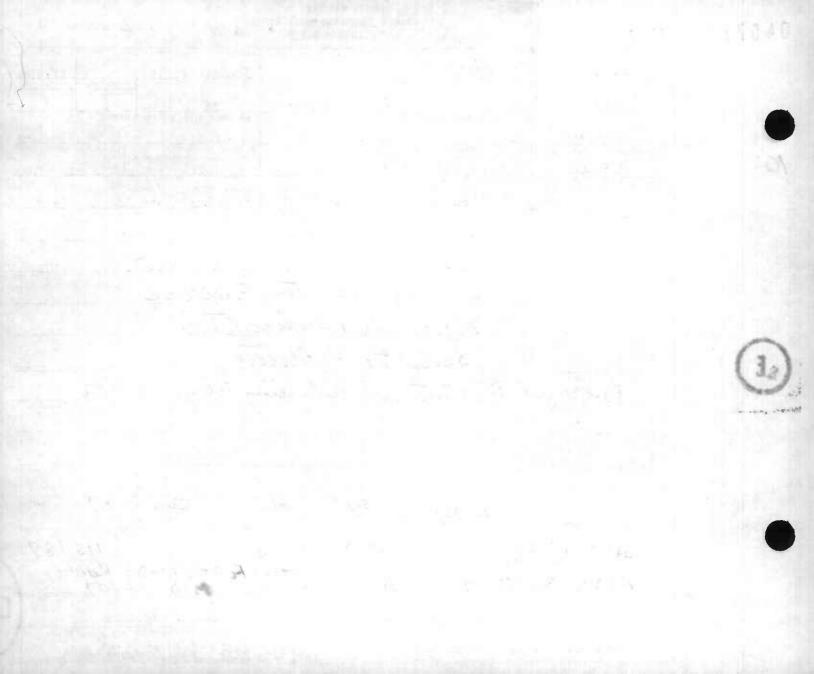
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	4 may be or. page 3 fter death		1. DEC	EASED NAME ELWO	od Si	mpson	Wallich	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	ge 4 may ector. po	12	3 SEX	Male	white	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 82 YR	
	leoth. Po	35		THPLACE (STATE OR FOREIGN DUNIRY) Md.	76 CITIZEN OF WHAT O	OUNTRY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	HOWARD	NTY OF DEATH MD.
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BALTIMORE,	be execu	medicol		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	-03-0757	ElwoodLW	allikh 2921	Pinewick Rd. 21043
	rificote	1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)		10), (b), and (c).)	NARRY ARR	COT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST.,	es that the death ce ned by the uniteraction of	r, or other traumater		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C	CONSEQUENCE OF	whoy dise	NINAL DISEASE OR CONDITION	GIVEN IN PART I.O.
DIVISION OF VITAL RECORDS, 201	ne low requir on. hos been sign permin. Then	ne ou n	CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPERATION		200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO N
OF VITA	g physicio entificate l riol-transit			21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MO	Y ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
DIVISION	offer this of the business of the business t	orked or 1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJU (AT HOME, STREET, FACTO	ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTENDI spitol or CTOR: A J for use	n 21 is m		22a. I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no	12/16	19 <u>86</u> , on		death occurred on the date and	
	OSPITAL OR A ed by the ho UNERAL DIRE d be detoched	1		THE SIGNATURE A	Gullal	up for	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	TO HOSPITAL retained by the TO FUNERAL should be detailed.	IMPORTANT	77a D	Stephen/ JRIAL, CREMATION, REMOVAL	4. Valcut	· MO	(1085 (ithe A	atrial ptay	Columbia, Nd.
	BP		(30 B	PECIFY) Burice	1-9-87		CKS Cem.	Highland	Howard Ma
	DHMH - 16 60/ (VRA 15,		24 FU	NERAL DIRECTOR NAME LACK Funeral	Home	ADDRESS BOX?	_6	E REC'D. BY REGISTRAR 255 REG	

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5 4 4 FFI	,	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	IENE REG. NO	0 2	2 4	3
	, -	. DEC	EASED NAME FIRST		WIDDLE		AST		MONTH DAY	YEAR 21	. HOUR
ay be age 3 death			GARRY		LYNN	WEAN	织	/	20	57	11 P
tor, pa	4	3 SEX	MALE	4. RACE	Sian	5. DATE C		6. AGE (IN YEARS LAST BIR	MONT		OURS MIN.
neral direct n 72 hours	1	7a. BIF	ONTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9. BALTIMORE CITY O			
	2/		Columbia	Howard	d County	Gen	eral Hospit	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O BI Elect.	on F working Life) III	26. KIND OF B	
Hiller A	5	MC	LE RESIDENCE (IF NURSING HOME O LATE 136 COU HOT	r other institution NTY Ward	136. CITY OR TOW Laure	ADMISSION)	13d. INSIDE CITY LIMITS?	13-STREET ADDRESS Ham	zip cope mond P	arkwa	y 207
completely s Land 2 sl	30	I	THER'S NAME Or . Carl VAS DECEASED EVER IN U.S. AF	MIDDLE H.	Weaver		15. MOTHER'S MAIDEN NA. FIRST VETA 17. INFORMANT	ME MIDDLE ADDRE	:\$\$	Ande	rson
Par	1			VE WAR OR DATES)	283-32-			er same	as 13	e	
physicia movel.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse pe ED BY: TE CAUSE (a)	r line for (o), (b), on RESPIRATOR	dicul Y FA	TLURE			APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
ned by the attending please remove care out, crematian, or y, ar ather traumatic.			Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b) DUE TO, C	DR AS A CONSEQUI BRONCHOE DR AS A CONSEQUI	ENCE OF	CARCINOMA NOT RELATED TO THE TERM	IINAL DISEASE OR CON	DITION GIVEN I	MON.	NIS
has been sig permit. Ther ene priar tak	2	CERTIFICATION	19a DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	S USED F DEATH?
ding physicials certificate burial-transit Mental Hygis or them 18 sho	9	-	? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY I.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURI				
ter this c is the bur hand Me rked ar H		MEDICAL	21d. INJURY OCCURRED WHILE OF WHILE OF WORK OF WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
CTOR: All Hor use of Health			220. Certify that (this hasp saw the deceased alive or above, (Mwe) (did) ((120.5	19	1Z,22	nd that in (🖛) (aur) apinian	to 12018 death accurred on the de	. 19		at (1) (we) los uses stated
d by the honer he defacts be detached a State Dept.			LIAN'S NAME TYPE	Thus		pr.	ATTENDING PHYSICIAN	MEDICAL STAI	F IAN 🗌	220. DATE SIG	
retained by the TO FUNERAL shauld be det with the State			T.A. OHDISMAN				ZKARU NORTH		91A MO	2045	
BP		23a B	URIAL, CREMATION, REMOVAL SPECIFY) Cremation	1/21/			emetery or crematory ash.Cremato	ry Laurei	P.G°	• YINU	Md STATE
DHMH - 16 60M 7/1 (VRA 15, 4)	84	24 FU	NERAL DIRECTOR JUNE	al Ho			4 Spg Rd 250 DAT	E REC'D. BY REGISTRAR	Man Man		国际



								E OF MARYLAND				1 3 3 3 3
0407	79 JAI	110	FOR STATE) REGISTRAR			DEPART		ICATE OF DEATH	GIENE REG. N	0 2	2 2	
			CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
9 9	eoth	(1111)	Wilbur		Wil	liams			January 4	. 1987		12:45am
6 E	- e	3. SE)	(-	RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) I	ONTHS DAY	
4 of	s of		Male		White		Apr	il 16,1904	82	YRS.	OI41113	TOURS MIN.
Mr. B	P (0)	Ja. Bi	RTHPLACE (STATE OR FO	REIGN 7		WHAT COUNTRY?	R	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
eoth eoth	235		Marylan	d	USA		WIDOWE		Howard			MD.
TO 2	# OX	10 CI	TY OR TOWN OF DEAT			HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
5/0 5 B	De Je		Columbi	a		Nursing			engineer	Dr WORKING LIFE)		Navy Yard
212 hour	3 7	USUA 13a S	AL RESIDENCE (IF NURSIN	IG HOME OF C	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		7 7 10 10 10 10 10 10 10 10 10 10 10 10 10
No 24	SIS	100.0	Md	Howa		Savage		YES NO	8845 Balt		Streez	t 20763
The strain	1 / ge / 2	14 FA	THER'S NAME		MODLE	LAST		15. MOTHER'S MAIDEN N				LAST
MAN Pe	30		Leonard	~		liams		Clara	WIDDLE	Phelp	08	tasi
ecut	es los		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS		
O e e e	Pog Bed	(1	NO NO	(IF TES, GIVE	WAR OR DATES)	214 30	0479	Wilbur M. W	illiams 885	5 Balt.	St.	Savage. Md
STON ST., BALTIMORE, MARYLAND 2 seep certificate be executed within 24 h	ol.		18 CAUSE OF DEATH PART I. DEATH WA	(Enter anl	y ane cause per	line for (a), (b), or	id (c).1	· · · · · ·	r \/			OXIMATE INTERVAL EN ONSET AND DEATH
II. E	on po emov emov			AS CAUSED MMEDIATE		andio	-10	esperalory	rdull	re		
DN S	or re				DUE TO. O	RAS_A CONSEOU	ENCE OF a	27	J.			
EST Geot	on, Cum		Conditions, if any,		((b)_	Myoca	race	al Inja	con			<u> </u>
	10.0		gave rise to imm couse (a), stating		DUE TO, O	R AS A CONSEQU	ENCE OF	- 011/11	-		100	
I.P.	al cr		underlying cause	last	(c)_	Diale	eles	neelle	US.			Rent The
124	o'A	_	PART 2 OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COL	IDITION GIVE	N IN PART	lia
	五年 李	CATION	Enla	uges	1 tre	state	uni	to indevel	any tolego	, CACH	vell.	e
man anjana	1110	ICA	190 DATE OF OPERAT	UNO	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY			DINGS USED SES OF DEATH?
AL Sign	1 2 /	CERTIFI							YES NO	YES		NO 🗌
1 24	11:07		OR CONTRIBUTING		HOUR A	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RI I OR PART 2	2}
101	911/	CAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P.	M.	19					
THE PERSON	4 E E	MEDICAL	214 INJURY OCCURR			OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
NG NG	10 40		AT WORK AT WOR	ie U		7 - 7 - 4					A-1	
N 0 8	1 1 E		220 1 certify that (I) (ol) ottended th		367	Sept. 19.86		au 1	- 8	_, that (I) (we) lost
	200		saw the decease above, (I) (we),(et	d alive an a	view the body		, 0	nd that in (my) (aur) opinion	death accurred on the	late and hour		
A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Dep		27b. SIGNATURE	MAK	terlem			DEGREE ATTENDING	MEDICAL STA	AFF	22c. DA	TE SIGNED
A 14 A	8 t		22d. PHYSICIAN'S NA	7,00	1		1.	PHYSICIAN PHYSICIAN	MEDICAL STA		1/	3/8/
8 p %	ORTA	03	AO'NO	4 .	1	11 12		220 ADDRESS 3450	- FORT /	1EADE	-	ald,
01 0	1 1 2		MODUL		X/EE		(D)	LAUR	EL, MU) 20	2707	7
41.0	5 576	23a. B	EURIAL, CREMATION, R SPECIFY Burial	EMOVAL	73b. DATE			EMETERY OR CREMATORY	23d LOCATION	11	COUNTY	STATE
BP					Janua	ry 7,198	Sav	age Cemetery	Savage	, Maryl	and	
DHMH - 16		24 FU	onalds	110 E	notal H	APDRESS	0 1		TE REC'D. BY REGISTRA	R 25b. REGISTR	RAR'S SIGN	ATURE
(VRA	15, 4)	100	voriacus	in rui	nerae n	ome, Law	iec, N	Id IANO	9 1486 July	1. Dande	m. Ken	Calle 3



	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
413/77	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REC. NO. 2	2 4 3
	RONALD WILLIAM WILSON 20. DATE KNOWN MODILE WILLIAM WILSON OF ESTI- DEATH MATED 1	18 187 11 0
3. SE		DAY YEAR 2d. HOU
7e≥B FC	SIRTHPLACE (STATE OR OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY)	
10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION LIE NOT INSUCH FACILITY, GIVE STREET ADDRESS! 12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
USU.	AL RESIDENCE (IF INDUSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 1136. COUNTY 1136. CITY OR TOWN 1136. LINING (ITY LIMITS? 1136. STREET ADDRESS.	Home Brilders 21043
15		Mardy Words
30	Charles Maddle Walsh Merry	Schmidt
	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) INFYES, GIVE WAR OR DATES) 2/8-16-381/ Mary Wilson Filipate City	
/	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DVAL	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardio respiratory Avrest (DUE TO, OR AS A CONSEQUENCE OF	10 min.
REW	Conditions, it ony, which gove rise to immediate (b) Brain Tumor - Sauge mous Cell Carcinoma	7 months
	DUE TO, OR AS A CONSEQUENCE OF SA GAM OUR Concisions of Right Lump	14 mo.
2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in	
CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
A PH	Nov. 18, 1986 Squamous Cell Carcinomy of Brain 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTERNATURE OF INJURY IN ITEM 18 PART I OR PAI	YES NO
	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	KI 2)
MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f LOCATION	UNIY STATE
	22a. I certify that I took charge all the remains described above, held an Autopsy . Inspection Inquiry . and in my ap	inion
	death resulted from: Natural couses X, Accident , Suicide , Hamicide Undetermined manner ,	
	ACTUAL SIGNATURE ELWOOD N FA BOOSE, M.D. MEDICAL EXAMINER SIGNATURE	1-19-1987
3	EXAMINER'S NAME Elwa ad I Le Brosse MD 3459 St Johns Love All	4-40t mb
23a. B	EXAMINER'S NAME ELWOOD H Labrosse, MD ADDRESS 3459 St. Johns Lane, Elle (TYPE OR PRINT) ADDRESS 3459 St. Johns Lane, Elle BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION CHYORTOWN COUNTY	test City mb
23 a. B		Maryland

13. 4. 4. 1 AND THE POST OF THE REAL PROPERTY. The state of the s Linear American April 1997 analysis and the same of the s the first about the contract of the contract o Telephone Topics and Marin Marin Thomas Theorem The second of the second of the second The Part of the same of the same of the same ٠, . what is love in ESTE 11-1 The distribution of the second second

2	1 - 87	FOR STATE REGISTRAN			DEPARTA		EALTH AND MENTA	L HYGI	ENE B / REG. NO	0	2	2.	4 6)
-		CEASEDMAME	FIRST	,	AIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOU	R
-	front		CERESA		G.	W	ELSON		January 1	2. 1	987		6:30)P M
	3.58	×	4.	RACE		S. DATE C	OF BIRTH		6. AGE (IN YEARS LAST ORT		IF UNDE	RIYEAR	IF UNDER	24 HRS
1		Female		White		June	17,1936 YEA	R	50	YRS.	MONTHS	DAYS	HOURS	MINL
eO-	Pa. Bi	RTHPLACE (STATE OR I	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	KNEVER MARRIEL		BALTIMORE CITY OF	COUN.	TY OF DE	ATH		
50		est Virgin	ia	U.S	S.A.	WIDOWE			Howar	d Co	unty			MD.
20	100	TY OR TOWN OF DEA Highland	TH 1		H FACILITY, GIVE STREET	ADDRESS)_	ROTHER INSTITUTION ROAD	7	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Nurse Aid		LIFE) IND		F BUSINE	SSOR
35	USU/ 130. S	AL RESIDENCE (# NURS STATE aryland	ING HOME OR O 13b. COUNT Howa	THER INSTITUTION,		ADMISSION)	134 INSIDE CITY LIM	IIS?	13e STREET ADDRESS / 7027 B M:	ZIP COI ink l			20.	777
2	IL FA	THER'S NAME					15. MOTHER'S MAIDE	ENNAM			140			
52	1	Frank		S.	Vinci		Mar Mar	V	MIDDLE L.			Trai	Dasso	
-	16a. V	VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFORMANT	J	ADDRE	SS	1.50	114	-4030	1
1	N	YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES]	100-28-	5472	Daniel L	. Wi	lson Sar	ne a	-	13		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only 'AS CAUSED IMMEDIATE	ane cause per BY:	line for (a), (b), and	dici.)	crian car		242			-	MATE INTER	VAI DEATH
7	ICATION	PART 2 OTHER SIGN Muchs Tas 19a DATE OF OPERA	VIFICANT CO	ONDITIONS CO	nodes, l	DEATH BUT	NOT RELATED TO THE	e TERMI	NAL DISEASE OR CONE 200 AUTOPSY?	20b. IF Y	ES, WER	E FINDIN	Fole IGS USEI	bulity
ON	=								YES NOTE		YES 🗌		NO []
9	CAL CE	710. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY O	CCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM I	PART TOP	PART 2)		
1	MEDIC	WHILE NOT WE AT WO		21e PLACE (OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	cc	VINU	S	TATE
		22a. certify that (1) saw the decease above, (1) (we) (4)		4 3	.)	6_, or	nd that in (my) (aux) ap	pinion d	eath occurred on the do	ite and h				
,		Ohne	lel E.	Dille	_ mo		ATTEND PHYSIC	IAN Q	MEDICAL STAF		-	13 9	5 E	7
1		22d. PHYSICIAN'S NA		ill io n	M.D.		2901 01r		. 108 Sandy Sprin	g Ro	ad		57	
15/1	23a B	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMAT		234 LOCATION CITY OR TOWN		COUN	NIY	S	TATE
		Burial		1/15/8	-		idge Cemet		Dorsey				aryla	and
84		UNERAL DIRECTOR						DATE	AN 1 6 1987	25b. REGI	STRAR'S	SIGNATI	URE	T.
	55	555 Twin Ki	IOLLS	koad. C	olumbia.	MD.	21040	9	1001	71		A other a sealing	Sec. Long	-

DHMH - 16 60M 7/84 (VRA 15, 4)

5555 Twin Knolls Road, Columbia, MD.

to FunERAL DIRECTOR . should be deteched for use with the State Dept. of Hea

